



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5420 Name Henry Gacey Corp. Sa.

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Henry Gacey
2. What is your full Address? 2. Exploits, Ireland
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years 4 Months
5. What is your Trade or Calling? 5. fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
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. Yes

I, Henry Gacey 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.
Henry Gacey SIGNATURE OF RECRUIT.
Justman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henry Gacey 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 Seymour on this 14th day of May 1915.
Chas. Hicks Signature of Attesting Officer Ricard

†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

5420

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

Name Henry Kacy
 Apparent age 20 years months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 31 inches
 { Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Kacy
44 Yorks, Jersey 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <u>total</u> engagement reckons from <u>24-5-20</u>									
Joined at <u>Mexico</u> on <u>May 24-20</u>									
Re-embarked July 1911 1919									
Re-embarked <u>Mexico S. S. Colombia to Halifax N.S.</u> 22-7-18.									
Re-embarked for <u>B.C.</u> 23-11-18 Re-embarked from 25-7-18.									
Joined <u>Bath</u> 5-19 transferred from <u>Lower</u> 22-7-19 Arrived <u>Nimrod</u> 28-7-19									
Held for demobilization 22-7-19 Arrived <u>H.A.</u> 1-6-1919									
Total Service forfeited as above..... <u>Demobilization M. B. Kacy 19-7-1919</u>									
Total Service towards Engagement to <u>19-7-19</u> (date of discharge)					1	years	57	days	
Pensions									

C.R. 5420

Extract from Daily Orders Part 11 Unit The Royal Field.

Regt. St. John's, July 26th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/o Records from 19-7-19.

5420 Pte. Henry Lacey.

C.R. 5420

Extract from Daily Orders Part 11 Unit The Royal WFLA.
St. John's, July 7th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.C. Discharge Depot from 4-7-19.

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5420 Pte. H. Lacey.

C.R. 5420

Extract from Daily Orders Part A1 Depot, Sjt. Johns,

Date

June 18th 1919.

5420, Pte. H. Lacey.

Reported at Headquarters 1/6/19. ex "Corsican"

which sailed Liverpool May 22/1919.

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

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

#5420 Pte. H. Lacey.

C.R. 5420

Extract from Nominal Roll of draft No. 56 from the 2nd.,
Battalion of the Regiment Winchester to the 1st., Bt.
B. E. F. Embarked Southampton 23/11/18.

#5420 Pte/ H. Lacey.

C.R. 5420

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

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5420 Pte. Henry Lacey.

C.R. 5420

Extract from Daily Orders part 11, from Unit The Royal Nfld
Regt, St. John's, dated May 27, 1918.

#5420 Pte. H. Lacey.

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

H. Lacey

5420

P. O. P. O.

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5420* 3. Rank. *Pte*
4. Name *Lacey* (Surname) *John* (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on. *24/5/18* at. *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *me*
12. Place of origin of disability. *me*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *me*

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

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

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

The Complaint of Disability

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

Repatriation

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

more 1
my report
[Signature]

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

Station *Hazley Down*

Medical Officer in charge of case.

Date *30/4/19*

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

No. 17770/1934

04993 *[Handwritten initials]*



NEWFOUNDLAND CONTINGENT

From:

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

To:

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

2nd November 1918

Nov 6 1918

Subject: 5420, Pte. H. Lacey

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

Pay to 5420 Lacey £3:0:0

Draft £ 3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder *[Signature]*

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

Received the sum of Three
pounds on account of
cable remittance from Newfoundland.

Pte H Lacey

No. 5420 Rank Private

Witness A. L. Carter, Pte.

No. 6712/1062

99648
M.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Exp. Nfld. Regiment
Manchester

5th May 1919

May 18th 1919

5420 Pte H. Lacey

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (162).

470. Waterloo Ltr
Officer Commandg. 1st Batt'n.

"Pay to- 5420 H. Lacey

£8-0-0

Received the sum of Eight

Cheque £ 8-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

pounds (£8.0.0) in respect of

telegraphic remittance from the Minister of Militia.

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

H Lacey
No. 5420 Rank Pte

Witness J. N. ... Sgt

No. 5420

Name

Lacey H.

Sqn., Batty.,
or Company

D.

Corp

R. Newfoundland

Date of
enlistment

24/5/18

G.C.

(re Badges)

Service or
Proficiency Pay

(2, 4, 8)

Date of last entry in
Company Conduct SheetNo. and date
of last drinkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

77

H. J. [Signature]

Character

Good

Place

Date of
offence

Rank

Cases of
Drunken-
ness

Offence

Names of Witnesses

Punishment awarded

Date of award or
of order dispensing
with trial

By whom awarded

Remarks

Rover

1/11/19

Pvt

Deficient of leave
Breach leave
in the leaves

S. J. [Signature]

Admonished

29/3/19

S. J. [Signature]

Pvt for
[Signature]

Army Form B. 122.

P.T.O.

Lacey, H

5420

Ray Sept.

July 22, 1919

#5420 Pte. Henry Lacey,
Exploits, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3138.

Yours truly,

Captain & Paymaster.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 3420 Rank _____

Name Lacey H. _____

Warned for demobilization on

JUL 3 1919

May 9, 1919

Mr. Gen. Lacey,
Exploit's.

Dear Sir:

With reference to your telegram
of May 1st. I beg to state that I have cabled
EB to 5420, Henry Lacey.

Yours truly,

Lieut.
For Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5420 Rank Lt Name Lacey, H.
 Intended place of residence Exploits
 2. Occupation Fisherman
 Classification of soldier Hi Medical Category A.I.

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 3 1919

H. Mews
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date

JUL 3 - 1919

H. Lacey
 Signature of soldier

M. C. Conroy
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date

JUL 3 - 1919

H. Lacey
 Signature of soldier

J. W. Chancy
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military
 Discharged from service 5-7-19 Plus 14 days Service 422

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

Date

JUL 5 1919

R. H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

July 19/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

as B 2079/3128

8
20
19
57



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 41 Sent by _____ Rec'd by Amroy Check _____ No. _____

Place from _____
To Exploits
Mar Militia



Cable 5420 Henry Lacey
Eight pounds money
wired your office.

George Lacey
JL

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2.7.19

Regimental No. 5420

Name Lacey Harry

Rank Pte

Address Exploits

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. [Signature]
O.C. Discharge Depot,

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5420 Rank Plt Name Lacey A
 Date of Enlistment 2-15-18 Address Capltown District S. Gate
 Occupation Postman Classification for Discharge 4 Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1136	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 2-7-19

H. W. S. H.
 P.O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Lacey

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~~

Ambleton
 O i/c. Re-clothing

Date 3-7-14

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 2215 to his home at exploits and Release Certificate No. 3137 issued.

Date 3-7-19

J.A. Snowball
Demobilization Officer

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 19-7-19

Date 3-7-19

J.A. Snowball
Depot Paymaster.

Depot Paymaster.

Discharged approved for 5-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	Form B
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B179c	B 120	M 93				

Date 3-7-19

J.A. Snowball
O. C. Discharge Depot.

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

Date

JUL 5 1919

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

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Henry Percy
Signature of Man.

Reg. No. 3420.

J. H. Snowcraft
Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

JUL 3 - 1919

Date

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

MEDICAL HISTORY

Surname Racey OF Christian Name Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish Exploits, Grand Bay County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	2 nd	11 th May		1918
Declared Age	20	years		days
Trade or Occupation	A. Sherman			
Height	5	feet 4 ^{1/2} inches		
Weight	128	lbs.		
Chest Measure-ment	37	inches		
	3	inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		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>Lambert Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>Exploits</u>	at	
	on	2 nd day of <u>May</u>	on	
		1918		1918
Joined on Enlistment	Corps.	<u>Royal Nfld Regiment</u>	Corps.	
	Regtl. No.	<u>5420</u>	Regtl. No.	
Transferred to				
Became non-effective by	on		on	
(Signature)	day of	191	day of	191
(Rank)				



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 *Lacey, Harry.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5420*

Intended address *Exploits, N. Yorks.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *Wid.*

Christian name of Father *George*

Christian name of Mother *Fanny*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Exploits, Mar. 23, 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

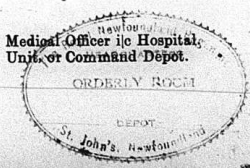
(Soldier's signature in full) *Harry Lacey*

(Rank) *Private*

Station *St. John's*

Date *2-7-19*

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



Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
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Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland Regt.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5420* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Lacey, N.*
(Surname) (Christian Names)
5. Age last birthday *31*
6. Posted for duty on *24.5.18* at *St. John's*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
nil
nil
nil
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

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

for Complaints of no disability

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

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

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

20. Do you recommend—
 (a) Discharge as permanently unfit ?
 (b) Change to United Kingdom ?

Repatriation
Major D.A.M.S.
Capt.
R.A.M.C.

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

Sgd. J.S.P. Knight
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *30/11/19*

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

July 24, 1919

#5420 Pte. Henry Lacey,
Exploits, H.D.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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 20th. 1919.

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

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

- Christian name *Henry* 2. Surname *Lacey*
3. Rank *Pte* 4. Regt. No. *5420*
5. Address in full to which future payments of gratuity are to be forwarded *Exploits R.N.B.*
6. Date of enlistment in the Regiment *Nov. 24/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*
8. Relationship of such dependents *—*
9. Address in full of such dependents *—*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
11. Were you on active service only in Mfld, if so, give dates and particulars of such service *Overseas*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas *Fourteen months*
13.

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

no

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

no

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

no

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

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?

no

19. Are you now serving in the Regt.? If not give - (a) date of discharge.

July 16/19

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

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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: *Henry Pacey*
 Place of Residence: *Esplanade No. 23*
 Declared before me at: *St. Johns N.S.*
 This *3* day of *July* 19*19*...

John McCarty
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount due
Date paid	Paid	Paid	War Service Gratuity.	
	Soldier.	Dependent.		
.....				
.....				
.....				
Certified correct.				Paymaster

ST. JOHN'S, JUL 3 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. H. Lacey

Billeting Soldiers as undermentioned

from June 1st /19 to June 30th /19

5420. W. H. Lacey 21 00

Prm.

ACCOUNT	
CH NO	<u>2116</u>
IND. NO.	
PAY LEVY	
GEN. LEVY	<u>00</u>

Certified correct

A.J.

W. H. Lacey
Billeting Officer.

Henry Lacey

ACCOUNT		INITIALS	<i>[Signature]</i>
CH. NO.	7104	INITIALS	<i>[Signature]</i>
IND. LEDGER		INITIALS	<i>[Signature]</i>
PAY LEDGER		INITIALS	<i>[Signature]</i>
GEN. LEDGER		INITIALS	<i>[Signature]</i>

May 25th. 1918.

The Royal Newfoundland Regiment.

To ²²⁴⁰ \$420 Private H. Lacey.

2
3 *Pence's Bank*

May 22nd./18	To Board while waiting passage to St. John's.	\$00.70
May 22nd./18	To passage from Exploits to St. John's.	\$08.35
May 22nd./18	To meals while coming to St. John's.	\$02.06.

TOTAL \$11.05

BTM 2.70 OK
Transp 8.35
11.05



Correct For \$11.05
25/5/18. P.S. Dick

Agreement May 24/18
Henry Lacey

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte, *May* 22 1918
Newfoundland

Mrs Henry Lacey #5420
Dr. Manuel Hotel.

May 22 To Board and Lodging

70

Motor Boat Hire

Rate in full
Carriage

Storage *May 22/18*

Extras

R. W. Manuel

[Signature]

REID-NEWFOUNDLAND COMPANY.

Form 463

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from Hy Lucas the sum of
eight Dollars 35 Cents, being the amount of one ^{1st} Class Fare
From 24 Route to St. John's
And have issued him Ticket No. 56731 Form No. 1397
Date May 22nd 1918

[Signature]
Agent, Conductor or Purser W. J. Scanlan

This form to be used when requested to give receipt for amount paid for tickets.

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

OCT 15

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Henry Lacey

in respect of his service as No. 5420 Rank Pte.

Name H. Lacey

Royal Nfld. Regt.

Nfld. ~~Force~~ ~~Co.~~

Receipt of the same should be acknowledged hereon.

Received

~~Oct 21 1921~~

Signature

Henry Lacey

Date

Address

Exploits, N.A.B.

Receipt for Army Book 64

No. 5420 Name H. Lacey

To Certify that I have received the AB 64 of the above
named soldier.

Name Henry Lacey

Date Aug. 25

Place Exp. Platts. G.D. Co.

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"



C.R. 5420

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name .. Henry. Lacey

Date .. Nov. 24 ..

Place ... Ex. plaitz

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Number of Sheet *one.*
Signature of O. C. Company *C. P. Dickson*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5202</i>	Age on	<i>20</i> years <i>0</i> months	<i>Soldier</i>		
<i>Shelley Henry</i>		Place and Date of Enlistment	<i>St. John's 1918</i>	Religion	<i>S. A.</i>	
Joined	Date	Period of } with Colours <i>1 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth	<i>Ex plants</i>		
Joined	Date					
Joined	Date					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's 1919</i>					

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5420 Rank Plt Name Lacey A
 Date of Enlistment 2/5/18 Address Exploits District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1436	B 268	B 421	N.F. Med	D.F. 1	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		" 6	
B 179c	B 120	M 93			

Date 2-7-19

Lacey A
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 3-7-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R 2215* to his home at *exploits* and Release Certificate No. *3137* issued.

Date *3-7-19*

J. H. Snowball
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 *14-7-19*

Date *3-7-19*

Depot Paymaster.

Discharge approved for *5-7-19*

Forwarded with following documents to O. C. Discharge Depot.

N.F. P/36	B 288	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
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
B179c	B 120	M 93.		

Date *3-7-19*

J. H. Snowball
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

Date *JUL 5 1919*

R. H. Aust MAJOR
O. C. Discharge Depot.

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

Date *July 21/19*

W. A. ...

Reg. No. *5420* Rank *Pvt* Name *Hacey Henry*
Attested Address *Esplanade*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19*
Returned on S.S. *Corsican* Cause *Discharge*

3 7 19
5 1 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.