



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5565 Name John Wm. La. Bossé ~~La. Bossé~~

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>John Wm. La. Bossé</u>       |
| 2. What is your full Address? .....  | 2. <u>New York City</u>            |
| 3. Are you a British Subject? .....  | 3. <u>No</u>                       |
| 4. What is your age? .....   | 4. <u>24</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Seaman</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, John Wm. La. Bossé 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.

John Wm. La. Bossé SIGNATURE OF RECRUIT.  
John Wm. La. Bossé Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Wm. La. Bossé 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 15 day of June 1915.  
John Wm. La. Bossé 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 5th Regiment 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

52607

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

Name John William LaSooz  
 Apparent age 40 years 0 months. Height 5 feet 6 3/4 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 2 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John LaSooz  
New Hr. Hamtoge Bay 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>1-6-18</u>									
Joined at <u>Malta</u> on <u>June 1-1918</u>									
<u>Discharged July 31 1919</u>									
<u>Embarked Malta S. S. Columbia to Halifax N.S. 22-78</u>									
<u>Re-embarked for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization Malta 31-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 31-7-19 (date of discharge) 1 years 61 days  
 " " Pensions " [ " " ] " " "

Reg. No. 5565 Rank. *Pte* Name. *La Fosse J*  
Attested. *1-6-18* Address. *New Harbour*  
Allotment. *50* Allottee. *John La Fosse (Father)*  
Date of Allotment. *1-9-18* Returned from Overseas.....  
Embarked for Overseas. **JUL 22 1918** Cause.....

*36/18 Vac*  
*13 6/18 1st Troop*

*A.L. 23 6/18 - 37/18 R.L. 6-7-18*  
*Ret'd from leave 20-7-18*

C.R.

5565

Exytract 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.  
"VColumbella" July 22, 1918.

#5565 Pte. John LaFosse

C.R. 5565

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 5<sup>th</sup> 1918.

#5565 Pte. J. LaFosse.

Attested for General Service with the Royal Nfld.  
Regt. from 1.6.18

C.R.

5365

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

The Discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 17-7-19.

5565 Pte. John LaFosse.



C.R. 5565

Extract from Daily Orders Part II Unit The Royal Field, Regt.  
St. John's, July 24th 1919.

5565 Pte. J. LeFosse.

Reported at Headquarters 1-7-19 on 'Cassandra' which sailed  
Glasgow 24th June, 1919.

J W Lafosse

CR.

5565

PRO  
+

7

3



No. 6618



THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, *John William Lapsse*, Regl. No. *5563*  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 \_\_\_\_\_ Dollars and *Fifty* Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins *August 1<sup>st</sup> 1911*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>6618</i>	<i>Father</i>	<i>John Lapsse</i>	<i>New St. St. John's Bay</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

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. J. [Signature]*  
 Officer Commanding  
 Company

(Sig.) *John William Lapsse*  
 (Rank) *Private*

*St. John's Nfld.*  
*July 21<sup>st</sup> 1911*

Le Kasse, J

5565

Ray sept.

7  
July 31st 1919.

#5565. Pte. John McFosse,  
New Harbor, Burgeo.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3234.

Yours truly,

Capt. & Paymaster,

RS/.

○

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3565 Rank Pte. Name Le Lasse, John  
 Intended place of residence New Hr. Borgeo.
2. Occupation Fisherman  
 Classification of soldier F1 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
- [Signature]*  
 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
- [Signature]*  
 Signature of soldier
- [Signature]*  
 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
- [Signature]*  
 Signature of soldier
- [Signature]*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 1-7-18 No. of days on Military  
 Discharged from service 17-7-19 Plus 14 days Service 396

## 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 17 1919
- [Signature]*  
 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 31/1919
- [Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*[Handwritten]* 2079/3234

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 3<sup>rd</sup> 1919

Regimental No 5565

Name LT FOSSE John

Rank Plt.

Address New Harbour Hermitage Bay

Present Medical Category A.

Recommended for:— (a) Immediate discharge

(b) Standard Medical Board

R. H. Saut Major

O.C. Discharge Depot.

Members of Board

Senior Medical Officer

[Signature]  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5565 Rank Pte Name John Le Fosse  
 Date of Enlistment 1-7-18 Address West St District Burgeo  
 Occupation Fisherman Classification for Discharge E Medical Category A.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	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 3-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*J. La. Fosse.*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00

(b) Clothing Supplied M. Blonstein

Date 3-7-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 112239 to his home at Haw. H. B. B. B. and Release Certificate No. 3173 issued.

Date 3-7-19

*[Signature]*  
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 3-7-19

Date 3-7-19

*[Signature]*  
Depot Paymaster.

Discharged approved for ~~17-7-19~~ 17-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	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
B179c	B 120	M 93		

Date 3-7-19

*[Signature]*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer i/c Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 17 1919

*[Signature]* MAJOR  
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.

*J. La. Gasse*

Signature of Man.

*A. M. Blewett*

Signature of the Vocational Officer or his Representative.

Reg. No. 5565

Place ST. JOHN'S.

Date 3-7-19.

191

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

# MEDICAL HISTORY

OF

Surname LaRoche

Christian Name John Wm

Table I.—GENERAL TABLE.

Birthplace:—Parish New Harbor N. B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June	1	1918
Declared Age	20	years		
Trade or Occupation	Fisherman			
Height	5	feet 6 <sup>3</sup> / <sub>4</sub> inches		
Weight		141 lbs.		
Chest Measurement	Girth when fully expanded	35 inches		
	Range of Expansion	2 1/4 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/9	R.E.—V=	
	L.E.—V=	6/9	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>Lamm Peterson</u>			
(Rank)	<u>Surgeon</u>			
Enlisted	at	<u>St. John's</u>	at	
	on	1 day of <u>June</u>	on	day of 191
Joined on Enlistment	Corps.	<u>Royal Nfld. Regiment.</u>	Corps	Regtl. No. <u>5265</u>
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(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 *John Le Josse*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5565*

Intended address *New N<sup>s</sup> Hermitage Bay. Bueyes.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *New N<sup>s</sup> Sp + 29<sup>th</sup> 1898*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full) *John. Le Josse.*

*Pte.*  
(Rank)

Station *A. H. Johns*

Date *3-7-19*

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.

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

**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 N. F. Co*  
 2. Regtl. No. *5365* 3. Rank *Pvt.*  
 4. Name *La Touche* *John*  
 (Surname) (Christian Names)  
 5. Age last birthday *21*  
 6. Posted for duty on ..... at .....  
 in category (or grade) .....
7. Former Trade or Occupation } *Postman*  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.
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  
 (b) Where  
 (c) Opinion of Court  
 (d) Particulars of Pension or Gratuity (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 B (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. *nil*  
 12. Place of origin of disability. *nil*  
 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. *nil*



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? } ✓

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.)*

*No complaint of no feasibility*

16. Was an operation performed? If so, when and what was its nature?
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?
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?

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

*Refusal*

*W.E. Provenier. Capt RMC*

Medical Officer in charge of case.

Station *Hoyday Hill*

Date *2-14-19*

\* 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

7  
August 1st 1919.

Mr. John LeFosse,  
New Hr. Hermitage Bay.

Dear Sir:

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

Yours truly,

Capt. & Paymaster,

RS/.

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 26th, 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... *John* ..... 2. Surname... *Lafone* .....
3. Rank... *Private* ..... 4. Regt. No... *5565* .....
5. Address in full to which future payments of gratuity are to be forwarded... *New St. Hermitage Bay* .....
6. Date of enlistment in the Regiment... *June 1<sup>st</sup> 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents... *Son* .....
9. Address in full of such dependents... *New St. Hermitage Bay* .....
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... *Not applicable* .....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *One year and one month* .....
- ..... 1.2 .....

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

*has applicable*

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

*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?

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge. *July 3/1919* (b) Reason for discharge.

*Demobilized*

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.

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.

*A: no - B: 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: *John L. Yosse*

Place of Residence: *New Str. Hermitage Bay*

Declared before me at: *St Johns*

This *3<sup>rd</sup>* day of *July* 19*19*....

*Robert Alsop.*

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	:	War Service	Net amount
	Soldier. Dependant	:	Gratuity.	due
.....	.....	:	.....	.....
.....	.....	:	.....	.....
.....	.....	:	.....	.....
Certified correct.			.....	Paymaster



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
29.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet One  
*Roberts*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5565 La Goose John W</i>	Age on	<i>70</i> years months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion	
Joined	Date		<i>7 6 18</i>	<i>C of G</i>	
Joined	Date	Period of	with Colours <i>1 6 1</i> years.	Place of Birth	
			with Reserve <i>1 3 1</i> years.	<i>New St. H.P.</i>	

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</i>	<i>St John's</i>	<i>31 7 19</i>			

To be carried over.



C.R. 53'63'

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 Artillery*.....
- 2. Regtl. No. *5565* 3. Rank... *pl. r.*.....
- 4. Name *Lafosse*..... *John*.....  
(Surname) (Christian Names)
- 5. Age last birthday... *21*.....
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation } *Zeptomar*
- 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 B (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. *nil*
- 12. Place of origin of disability. *nil*
- 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. *nil*

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? }

*The 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?
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?
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?

20. Do you recommend—

- (a) Discharge as permanently unfit?  
(b) Change to United Kingdom?

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

*Repatriation*

*W.E. Proctor* *Capt R.D.M.C.*

Medical Officer in charge of case.

Station ..... *Mazeley Bourn* .....

Date ..... *27/4/19* .....

\* 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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5565 Rank Pte Name John Le Fosse  
 Date of Enlistment 1-7-18 Address 11th St District Burgeo  
 Occupation Insulinman Classification for Discharge E Medical Category A I  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	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 3-7-19 O. C. Discharge Depot. H News St

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.  
J. La. Fosse.

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—  
 (a) Clothing Allowance payable \$500.00  
 (b) Clothing Supplied M. Blouin

Date 3-7-19 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 12239 to his home at 4... M. B. B... and Release Certificate No. 3173 issued.

Date 3-7-19

*[Signature]*  
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 3-7-19

Date 3-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for ~~17-7-19~~ 17-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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
B179c	B 120	M 93		

Date 3-7-19

*[Signature]*  
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 17 1919

*[Signature]* MAJOR

O. C. Discharge Depot.

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

Date July 17 1919

*[Signature]*

Reg. No. *5565* Rank. *Pfc* Name. *La Fosse, W<sup>m</sup>*

Attested ..... Address. *New H.*

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* Cause. *Discharge*

*3-7 9*  
*07 9*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION**