Recruiting Form A, 1914.



First Newfoundland Regiment

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DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)

Applicable to all ranks.

Reg.No.259

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DESCRIPTIVE REPORT ON ENLISTMENT.

Applicable to all ranks. To correspond with entries on the Medical History Sheekege-Jo. 259

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

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.

Examin	ation of Edward Sakey
aged 7	Quenty-two conducted at Bell Slaves
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Signature of Medical Examiner:

P. +. B. O.

a ad A	Army Form W. 3016.
No. ///	Date 15 11 191 4
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(2) The Officer Commanding,	
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	ne is fit for. 2. Command Depot. Sd. R.H.Nicholson. LbColonel,R.A.M.C., O.C., Central Military Hospital.

Officer in charge Hospital,

Cork. (Station)

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

(1140) Wt.8254/1876. 10,000 books. H.C.&L.,Ltd. 6/15.

Army Form W. 3016.

Date 191

(1) To the Officer i/c Records,

(Station.)

(2) The Officer Commanding,

(Station).

(3) The Paymaster,

58, Wickoria Street,

Fondon W. (Station).

Only for use with men returned from an Expeditionary Force or from Garrisons abroad.
259. Cpl. Lahey, E. lst Newfoundland. B Coy.

I consider he is fit for. 2. Command Depot. Sd. R.H.Nicholson.

Cork, 14/2/17.

has been granted a furlough from

His address while on leave will be:-

Lt.-Colonel,R.A.M.C., O.C., Central Military Hospital.

Officer in charge A MM, Hospital, (Station).

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

ad. P14 4 (1) To the Officer i/c Records, (Station.) (2) The Officer Commanding, (Station). (3) The Paymaster, 58, Victoria Stree London W (Station). Regimental No. Rank and Name Of Control Regiment or Corps has been granted a furlough from ______ His address while on leave will be :-Busen Hols

I consider he is fit for Duty. Light duty.

Officer in charge Hospital,

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

(1140) Wt.8254/1876. 10,000 books. H.C.&L.,Ltd. 6/15.

2/1st NEWFOUNDLAND REGIMENT.

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I recommend that he be posted to the Depô	t at St. John's,
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IC 91st Newfoundland	M.O.,
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1. 3.17 Ayr.

REWPOUNDLAND CONTINGENT

STATELENT of ACCOUNT of No. 259 both Lakey

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(Substituting A.F. 0.1825) N.F.P/Ka.
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Date _______ Draft No. 32

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Racieourse, Ayr 1917

Classification (See Procedure)

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

MEDICAL HISTORY

Surname

Christian Name Bouward MAR. 2.2.1917

LONDON, S.W

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

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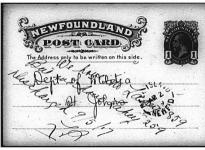
Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date

Brief details, and signature

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have received no refely. terally advise

ogmurphy, P. M.



Proceedings on Discharge.

vo. 259.	Army Rank Corporal.	
Name(The name must agree stric	Edward Lakey ly with that on enlistment, unless changed subsequently by authority.)	_
Sattalion, Battery, Company	rest Newfoundland Requient	
Date of discharge	lishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to Ge Staff of the Army, it should be so stated.) May 9 th 1917	uetat.
Place of discharge	Alohus Ned	
	Description at the time of discharge.	1.16
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(The cause of discharge at loss.) The above named in the discharge at loss. The above named in the discharge at loss. The cause of discharge at loss. The cause of discharge by my discharged	an is discharged in consequence of being no longer flyg 4 service to be worded as prescribed in the King's Regulations and be identical with that on the dischor authority, the No. and date of the letter to be quoted.)	Suca harge

 He is in possession of the following number of G.O. bedges (if the man is a N-SO. and enlisted prior to lat July, 1881, the number, he would have been entitled to had he not been promoted should be stated).
Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?
Classification for service, or proficiency pay
for the second s
6. Campaigns, Medals and Decorations
Certificate of education
 His accounts are correctly balanced, and I have impartfally inquired into all matters brought before me in accordance with Regulations.
(Place)
(Date) CommandingBattnBeginnent.
8. Certificate to be signed by the soldier on discharge.
I hereby acknowledge that I have received all my pay and allowances (including allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.
(Place) (Signature of Soldier.)
(Date) /0/3/17 6. f Witness.)
(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)
9. Additional certificate in the case of a soldier who takes his discharge at his own request.
I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.
(Signature of Soldier.)
The state of the s
occasione y agrees.
Service towards engagement to
n nnn
Total
11. Confirmation of discharge.
The discharge of the above-named man is hereby confirmed for (date)
(Place)
(Date)
Commanding officers (or the Paymaster it at Nater) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsen Exard, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary.

DESUDVATIONS DESERBED TO AN DADA .

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

He Resmations.



STANDING MEDICAL BOARD

PENSIONS AND DISABILITIES BOARD OF THE NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and No. 259

259 Cpl. Edward Lahey

All communications should be addressed to the Secretary, Major CLUNY MACPHERSON, St. John's, Newfoundland,

St. John's, Merofoundland October 11th., 1917.

Sir:__

The Pension and Disabilities Board, requiring a report on the Pensioner named in the margin, kindly notify him to appear before you during the week of October 15th. - 22nd.

A form of examination for you to fill out is enclosed herewith.

Pensioner will be notified to appear before you on whatever date you find convenient.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report

The fee laid down by the Pensions and Disabilities Board for such examination is one dollar (\$1.00) for each Doctor for each examination.

I have the honor to be,

Sir,

Your obedient servant,

Chany Machheum

H. A. Giovanetti,

E. L. Carnochen, Esq., M.D.,

Bell Island, C. B.

Major-Secretary.

Bell Island

To the Medical Board, or Medical Examiner.

The Pensions and Disabilities Board requires a report on the present condition of

259 Cpl. Lahey, Edward

The object is to enable the Board to decide the degree of pension, any, to be awarded for the next ensuing year. To this end clear and decisive answers to the questions in the accompanying report should be filled in by the Board, as it is essential that the Pensions and Disabilities Board should be in possession of the most reliable information to enable them to decide on the man's claim to Pension.

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

On page 4 of this sheet will be found the scale of Pensions as proposed for Newfoundland, by the Patriotic Association of Newfoundland.

The identity of the Pensioner should be established, to prevent personation. For that purpose a description of the pensioner and of the Disabling condition is given below. Should any items be omitted we should be glad if you will fill them in on the second copy and return to us.

Apparent age 27
Height 5'10"
Complexion Fair
Colour of Eyes Grey
Colour of Hair Brown
Mark of Identification

OSTEOMA OF FEMUR (LEFT)

Condition April 25th: 1917. Operation wound healed Quite a tumor still present. States that his leg gets weak after welking much.

Two copies of a Report Form are enclosed in order that you may retain a copy in case of loss of the original in the mail. Please return your report direct to me by Registered Post.

You will please forward also, under the description of the pensioner's present condition, his signature. Please have him affix this to the copy also which you retain.

Sympathetic consideration for the pensioner is desired, but at the safe time self-help is to be encouraged in every way possible. The purpose of the pension may be defeated by lowering the independence and self-respect of the pensioner.

I have the honour to be,

Your obedient servant,

Cherry Macpherson

Report of the Medical Board.

- (1) Are you satisfied that pensioner presenting for examination is the man named above.

 (2) What employment does he follow? not employed some returning.

 (3) What have been his average weekly earnings the past year? Conformal pay
- (3) What have been his average weekly earnings the past year? Conformal (4) What are his present weekly earnings?
- (5) Name and address of present employer, or if unemployed, of last employer.
- (6) The present state of the disabling condition of operation would guitt healed Outrouse of left Jenuar white exists.

- (7) Is the Disability permanent? 40.
- (8) Has it become better, or worse, during the past year? Surproved some.
- (9) Will it materially improve, or get worse?
- (10) To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

 (Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or

NOTHING.)

(11) Is the pensioner married, or a widower, and if so, and he has children, give names and ages. (Pensioner's statement may be accepted).

(12) Are any others dependent on Pensioner? Give names and relationship.

13.—Those who are entitled to be awarded pensions shall be div. M. S. NEWFOUNDLAND, ided into six classes, and each member of each class shall be awarded a pension in direct proportion to his partial or total disability, as follows:-Class 1.-Total disability, 100 per cent. For example-Loss of both eyes. Loss of both hands, or all fingers and thumbs. Incurable tuberculosis. Loss of both legs, at or above knee joint. Permament extreme leakage of valves of heart Class 2.—Disability 80 per cent and less than 100 per cent. Pension 80 per cent of Class 1. For example-Loss of one hand and one foot. Loss of both feet. Disarticulation of leg at hip. Class 3.- Disability 60 per cent and less than 80 per cent. Pension 60 per cent of Class 1. For example-Loss of one hand. Loss of leg at or above knee. Loss of tongue. Loss of nose. Class 4.—Disability 40 per cent and less than 60 per cent. Pension 40 per cent of Class 1. For example...Loss of one eye. Loss of one foot. Total Deafness. Loss of two thumbs. Class 5.—Disability 20 per cent and less than 40 per cent. Pension 20 per cent of Class 1. For example-Loss of one thumb. Anchylosis of elbow, knee, shoulder, wrist or Class 6.—Disability under 20 per cent, a gratuity not exceeding \$100. For example—Total deafness in one ear. Partial deafness in both ears. Loss of index or other finger.

(13) You will please have Pensioner show you his Discharge. What

Signature of Pensioner (to be procured at examination)

date does his Discharge bear?



Department of Militia

St. John's, Newfoundland,

October 11th., 1917

From: Director of Medical Services, City.

To: Secty. Pensions & Disabilities Board, City.

259 Cpl. Edward Lahey Bell Island.

Dear Sir:-

The marginally noted man should report to Dr. H. A. Giovanetti, Bell Island, for re-examination, on whatever time between October 15th and 22nd the Doctor notifies him to appear.

Yours faithfully,

Clumy Macpherson

Major, D. M. S.

October 11th.1917.

Corpl. Edward Lahey. Bell Island.

Dear Sir:-

Kindly present yourself to Dr. H.A. Giovanetti.
Bell Island, for re-exmaintion, on whatever date between
October 18th. and 22nd. the Doctor notifies you to appear.
Yours Taithfully.

Secretary.

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No.....

EUROPEAN WAR.

	Certificate is to be content of your pension w		IMMEDIATELY you receive it o
Name in full	Phereby softman	ly declare that my name i	6 duard and that I was
Fill in rank and force	a (rank). S	(1st. Nfld. Fin or (R. N. R	Reg.) Therefrance
ill in place giving full postal address	I am residing at (Str Town of	ree and number)	eand
	and request my next	pension cheque be sent to	o this address. SIGNATURE or mark of Pensioner
	It is only during		nd July that the following certificate
	1		
	made by the above na	amed pensioner in my pre	aration and signature (or mark) were sence this
o be signed by a Police. Naglatinte or Nodary the Peace, or Clergyman,	made by the above na	amed pensioner in my pre day of he represents himself to	sence this
Magistrate or Notary Public, or Justice of the	made by the above na	amed pensioner in my pre day of he represents himself to	esence this19, and I believe
Magistrate or Notary Public, or Justice of the	made by the above na	amed pensioner in my pre day of he represents himself to	seence this
Magistrate or Notary Public or Justice of the Peace, or Clergyman,	made by the above no	amed pensioner in my pre day of he represents himself to	sence this
Magistrate or Notary Public, or Justice of the	made by the above no	amed pensioner in my pre day of he represents himself to	sence this

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No.....

EUROPEAN WAR.

Town of and that I am entitled to a Pension from the Colony of Newfoundland I am residing at Street and number of Newfoundland I am residing at Street and number of Newfoundland I am regiding at Street and number of Newfoundland I am regiding at Street and number of Newfoundland I am regiding at Street and number of Newfoundland It is only during the months January and July that the following certifice MUST be completed. This is to tertify that the foregoing declaration and signature (or mark) we made by the above named pensioner in my presence this day of 19—, and I belie him to be the person he represents himself to be Newfoundland Rank or position. Postal Address.	and that a (rank) (1st. Nfid. Reg.) (R. N. R.) and that I am entitled to a Pension from the Colony of Newfoundland I am residings it (Sirce) and number Town of and request my next pension cheque be sent to this address. SIGNATURE or mark of Pens Witness It is only during the months January and July that the following cert MUST be completed. This is to certiff that the foregoing declaration and signature (or mark) made by the above named pensioner in my presence this day of	Control of the second second	nt of your pension will be delayed.	9
and that I we are giving full posterior soldings for the posterior of the completed. It is only during the months January and July that the following certified MUST be completed. This is to certific that the foregoing declaration and signature (or mark) we made by the above named pensioner in my presence this him to be the person he represents himself to be signed by a Police public or Junies of the Postal Address. Add any Remarks	and that I am entitled to a Pension from the Colony of Newfoundland If an else giving full poster sedires from the Colony of Newfoundland If am residings it (Street and number) Town of and request my next pension cheque be sent to this address. It is only during the months January and July that the following cert MUST be completed. This is to certify that the foregoing declaration and signature (or mark) made by the above named pensioner in my presence this day of 19—, and I be him to be the person he represents himself to be Postal Address. Add any Remarks	Name in full	Phereby solemnly declare that my name is	duard
and that I am entitled to a Pension from the Colony of Newfoundland If an estimate for a mark of Pensione from the Colony of Newfoundland I am residing at (Street and number) Town of and request my next pension cheque be sent to this address. SIGNATURE or mark of Pensione Witness It is only during the months January and July that the following certificate MUST be completed. This is to certify that the foregoing declaration and signature (or mark) we made by the above named pensioner in my presence this day of	and that I am entitled to a Pension from the Colony of Newfoundland If in shee giving full Town of and tract I am residing at (Street and number) Town of and request my next pension cheque be sent to this address. SIGNATURE or mark of Pens Witness It is only during the months January and July that the following cert MUST be completed. Chis is to certify that the foregoing declaration and signature (or mark) made by the above named pensioner in my presence this day of him to be the person he represents himself to be Postal Address. Add any Remarks	ć	vakey	and that I was
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made by the above named pensioner in my presence this day of	made by the above named pensioner in my presence this day of		MOS1 be completed.	
day of	day of 19 , and I to be stared by a Police of Natary Public of Inside of the Post of Cheapman. Signature		This is to certify that the foregoing declaration	n and signature (or mark) were
day of	day of 19 , and I to him to be the person he represents himself to be him to be the person he represents himself to be Signature. Rank or position. Postal Address.			thic
him to be the person he represents himself to be him to be the person he represents himself to be him to be the person he represents himself to be Signature. Rank or position. Postal Address.	him to be the person he represents himself to be be stared by a Police. Minimate of Notary Public of Justice of the force, or Cleargement. Signature. Rank or position. Postal Address.			Table 1
** Police Manufacture of Manufacture	Postal Address.		day of	19, and I believe
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Signature. Rank or position. Postal Address.	Signature. Rank or position. Postal Address.	o be signed by a Police, Magistrate or Notary Public, or Justice of the		
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	The second secon	4 2		
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	THE RESIDENCE OF THE PARTY OF T			

Name in full

Regimental number

Johns



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.

Regiment from which discharged 1st. Newfoundland

Height on discharge & Feet /0	
Color of hair on discharge forout.	
Complexion for .	
Color of eyes Grey	
Figure on discharge hedrum -	
Christian name of Father Richard .	
Christian name of Mother Morgareh	
Wife's maiden name in full	
Date and place of marriage	
Christian names of children	
Place and date of soldier's birth. Bullsland. 29 Ju	ey. 1892
Nature and locality of civil employment required	
I declare that I am the soldier referred to above and that all the parabove statement are, to the best of my knowledge, correct	rticulars contained in the
(Soldier's signature in full) derocal John	(Rank)
Station It John ylators Date Defril 23	1917 60040
I certify that the above named soldier signed the foregoing declaration	in my presence, and that

Medical Officer ilc Hospital. Unit, or Command Depot.



Medical Report on an Invalid.

NOTES:-

450 Karner S

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety-"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

1. Unit 1st. Newfoundland

5. Age last birthday. 24.

2. Regimental No. 259

1-10-14 .. 6. Enlisted on

at MJohnself

3. Rank. Corp. at Alfohnself.
4. Name. Lakey Edward. 7. Former trade or occupation Mechanic.

8. Disability

Deoma Feneur (Life)

he France. In now 1916, best of Hoops Cost, Inland has operation . has find of grock removed

10. What is his p	resent condition?	prelion "	vound Leaved.	8
	important question. Be	dition of	tiel present.	flat
brief—the cl need be wri	important question. Be earer the case the less tten. Read note f above.)	Las his le	ours Leaved. The present.	, w
	_ ~	wel -		
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II. Was sanatori operati	am advised and refused?	·		
			en de la companya de	
12. Do you recom permanently	mend discharge as unfit?	Yes.		
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4		Signature	With de	~
			Two Burker Lieu	4
	223°	Rank or Qualifi	cation	٠ ،
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Remarks if an	y by Officer i c Hospital.			
1		nagaart la falkani		
Place		Signature .		
race		Signature		1
Date		Rank		
•			X	
•				

Opinion of the Medical Board.

	In para, 13, the President should write "may" or "cannot" at x Erase inapplicable words.
13.	For pension purposes, the disability x they be considered as agravated by: August to Appearate by: Appearate by: Appearate by:
	(a) Service during this war.
	(b) Climates
	(c) Ordinary Military Service
	Reniarks if any:- See Geet-10.
14.	At present his capacity for earning a full livlihood in the general labor market is lessened by:— (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).
	Remarks if any - 20 % Luc how the
15.	Is the disability permanent?
16.	Has the disability been aggravated by
	(a) Intemperance. Wo
	(b) Misconduct. W
17.	The refusal of operation sanatorium is:—
	(a) Reasonable.
	(b) Unreasonable.
	Remarks if any:—
18.\	We recommend discharge from the Army
	Remarks if any:-
	Signatures. Jan Juela de fo fo Vail
	7.11.
Plac	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	GTOR OF MEDICAL STATE
AP	PROVED APR 301917
Stat	The chieve
Dat	Administrative Medical Officer

[P.T.O

V. P. C. Miller & Sons Ltd., Printers, Old Balley, E.C. B. 1764 [147] W 330B 250m 8/14 67 59a 2

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Pinth/sheer Parish	Tab	le I.—GI			.	MAR	2 2 1917
Birthplace:—Parish	1	SPECIAL	RESERVE	County_	l	REGULAR	ARMY
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Declared age		/ years		days		years	day
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181011	(a)	V.=			L.E	-V.=	
(a) Marks indicating congenital	(4)				(a)		
peculiarities or previous disease			-				
	(1)				(b)		
(b) Slight defects but not suffici-	4.						
ent to cause rejection			15.00				
Approved by (Signature)					late.		
(Rank)		11.	Medica	l Officer.			Medical Office
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Inlisted ∫	11	form	1		nt		
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, ,	all	Corps	Reg	tl. No.		Corps	Regtl. No.
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	190	\sim	7,0	/-			
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ecame non-effective by							-
	on	day of		191	on	day of	191

			in t			1	able II.—Only	for admissions	to hosp	oital or to the sick list in the	e case of Warra	ant Unicers treated in C	uarters.	**************************************
Name of hospital	-	Admitte hospit Month	d to al Year	Day	harged hospita Month	\$100 BOOK 1847	Diseas		Number of days in hospital	Remarks bearing on the caus syphilis, admissions and re- of treatment ou	s, nature or treatment of dinissions to hospital w t of hospital, transfers, &	f the case likely to be of interest or vill be shown. The subsequent pro- to, will be given in the special syph	of future use. In cases of cress, including particulars ilis case sheet	Signature of Medical Officer
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examination for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Particulars os Dental Treatment, &c.

Date	Brief details, and signature
1.t.	14/
14	2
21.8.15	CL. V
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19.415	Vace.
S! 8:15	Bit for Boxeiga Service,

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
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2/1st NEWFOUNDLAND REGIMENT.

Corp. Zas No. 259	is unlikely	y to be fit		
Expeditionary Force for	sinc		months, on	account of
Ant	-	16	10	
Opter	ma	00 1	Umu	
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I recommend that	he be poste	ed to the	Depôt at	St. John's
Newfoundland.			•	
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AYR.

DEPARTMENT OF HILLITTA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Payfoundland 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 blonks ond no debbos, if any questions one 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. 5. Address in full to which fugure payments of grand 6. Date of enlistment in the Regiment 7. Name of dependent, if any, to whom Separation Allowence is being issued, or was being issued, immediately prior to your discharge 8. Relationship of such dependents..... 9.Address in full of such dependents..... 10. Is said dependent, now, or was said dependent at my tire in receipt of Soggration Allowance on account of another sulfiers 11. Were you on active service only in Hild II so give lates and particulars of such service 12. Give total length of time which won served on cotive service whether in lifld or Oversees.

13. Have you had more then one enlistment? If so, give particulars
of discherge and re-calistments, and under what regimental numbers.
,
14. Have you already received any payment of Post Discharge pay or
Wer Service Craftuity? If so, state amount you and your dependents
have already received and by whom paid
Med
15. Have you been issued with a War Screice Badge?
16. Have you during the present wer, served in the I perial Doroes
17. Are you entitled to receive, or have you received any Gratuity
in the nature of Post Discharge Pay from the Imperial Forees? If
so, state amount received, or to which you are entitled
18.Did you revert Oversees to a rank lower than the substantive
renk hold by you on your arrivel in England?
(b) If so, was such reversion in consequence of misconduct of
inefficiency?
19. Are you now serving in the Rest If not give ?- (c) date
of discharge May (9/1. Ab) Reason for discharge
20. Did you at any time serve at the front in an actual theatre of
War If so give frienders of places of dates of such soft soin
No.
V
21.(c) Are you receiving treatment from the Wavil Re-Establishment
Com.(b) If so are you in receipt of full pay and allowences from
that Cormittee
And I take this solem declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

-3-Signature of Applicant: Place of Residence: Declared before me at: This Signature of Berrister of the Supreme Court, Stipendiary Heris-trate, Hetery Public, Hustice of the Ponce, or Commissioner of affidevits. POST DISCHARGE PAY. bild Paid War Sorvice Soldier, Depundent Charles Date paid baid Paid Net amount due 00 Cortified correct. Paymoster



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

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 Persons, such payment to be made

No.	/ Friend	N	AME (in full)			Address	Amou (each pe	
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	1000			101	

Signed Albany 58h

April, 4, 1919

The Fostmaster, (C.J. Murphy, Esq.,), BELL ISLAND.

Dear Sir:

With reference to your Fost Card of April 2nd. Bill you kindly return registered letter in your office, addressed to #859, Pte.

Ernest Lakey, as I am unable to trace this man.

Yours truly,

Lieut. For Paymaster No.____



Ist NEWFOUNDLAND RECIMENT

VOUCHER

In Acc	t. wi	ith #2	59 Cpl,	A.E. Lahey		er No. 29 ue No. 29
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Voucher No. 30327 • Cheque No. 30327 •

C.B. Folio No.





Ist NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #259 Cpl. Edward Lahey

Reg'l Alc No Name

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65.55				[Sig.]	1	æ	Ino

Receipt for Army Book 64 To Certify that I have received the AB 64 of the above named Soldier.

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

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I cortify that I have received an issue of 2 inches of Ribana of Victory Medal-1914-1919.

NO. 259 NAME Land ahery.

REMETET FOR ISSUE OF C.R. 259.

RIPAND OF BRITISH WAR MEDAL-1914-1919.

I certify that I have received a issue of 8 inches of Pibend of British War Wasel 1014-1919

Warme Borfard . Jaky

(Date). Manusher. 1.19 1/2 (Place). Paullo forch . S. fo

C.R. 259

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 825-9 Namo & Levert Jakey

Dato plecember 2019
Place Bulliafind

CIRCULAR LETTER

St. John's, March 15th 1919.

Riband of 1914-15 Star.

Licut. Colonel.

Chief Staff Officer.

CIAIN ICR ISSUE OF RIBAND of 1914-15 SMAR.

Department of Militia, St. John's.

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

I cortify that I am entitled to this issue,
having served on* yalliful
from fufture 1915 to far 1916 (1915)
(Dato) parts. (NO). P. C. . . . (Rank) Carbot mo) f. doord fally
(Place) fullbaland it

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

Rebons posters to alone

C.R. 259

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

259 Pte. Edward Lahey, discharged May 9th 1817, Medically unfit

Estract from roll of Officers H. C. O's and sen of the DISCHARGED from the Royal Hewfoundland Rogi ent.

Regtl. #

5

rank Pte

date

reason

259

LAHEY EDWARD

9/5/17.

MED. UNPIR.

C.R. 259

Extract from "ally Orders Pape 11 Unit The Repai Hill. Set., St. John's, April 14th, 1917,

259 Corpl. Lahey.

Attached to the Strength from April 26th, 1917.

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE

10	SOUTH AFRICAN RECORD OFFICE.	No. H. A. 4257
	2996 Pte, Ferguson W. 1 S.Afr, Inf. 4209 Cp1. Campbell D. 1 do. 6255 I/Cp1. Cook S.C.F. 2 do. 539 Cnr. Engels G. 8AHA. 72 Batt, 208 # Haberley J. 75 Sge. Batt 5250 Cpl Robertson F. 4 S.A.I.	VDS. NV
	NEWFOUNDLAND CONTINGENT	No.H.A.4257
	259 Cpl. Lahey E. 1 Newfinding R. att.	Myalgia
^	259 . Lahey E. 1 do.	Osteoms Femur RTo Eng.ex 3 Sty. Hos. 15th Novr. 16
	CAVAIRY RECORD OFFICE CANTERE	No. H. A. 4257
	8393 Pte.Seaborne J. 3 Drag.Gds. 115 " McCall J. 6 Innis.Dragoons 1216 " Somer W. 17 Lancers	NYD. SltAdm.1 Sty.Hos.Rouen 15th November 1916 V.D.GAdm.1 Sty.Hos.Rouen ex 1 Con.Dep.15 Novr.'16 mDis.to Con.Dep.Rouen ex 1 Sty.H.15 Novr.'16

· (72)

COPY OF TELEGRAM.

Dated

Nevember 22, 1916,

To

Mr. Richard Lahay.

Bell Island.

Regret to inform you that the Record Office,
London, officially reports
No. 259, Private Edward Lahey
hasibeen admitted to the Mercy Hespital, Cork, suffering from
osteum of femur - slight.

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

J. R. BENNETT,

Colonial Secretary.

C.R:23-9

Copy of Cablegram to Givernor St. John's Nfld. from P. &. R.O. 21/11/16.

2591. Pte Lahey.

Mercy Hospital Cork Osteum Of Femur Slight.

Extract of Casualty List received from P., &.R.O. Nov. 21st., 1916.

259, Cpl. Edward Lahey.

Admitted Cork Civil Hospital, 19/11/16.0stemmiof Femur S. Slight.

From Mercy Hospital.

Extract of Daily Orders part llm from Unit 1st Newfoundland Regiment, 3rd Scholon, B. S. F., October 14,1916.

#259 L/Cpl. E. Lahey, B.Co.,

Promoted Corporal, 28/9/16.

Extract of daily Orders part 11, from Unit lat. Nfid.

#259 Pte. E.Lahey, B.Co.,

Promoted Lance Corporal 11/8/16.

Extract from Bally Orders Part 11 Unit The Royal Hild. Rogt. Alreadria, March 11th, 1916.

256 Pte. A.Metcalfe

Discharged Hospital. Venereal 5-3-16.

Embarked at Devenport for Active Service 20-8-15.

259 Pte. E. Lahey.

Disemberked Alexandria, 31-8-15. Proceeded to Abbassia, Cairo, samo dato. Emberked Alexandria for Gallipoli 13-9-15.

C.R. 739

Extract from Naminal Rell Imbarked St.John's per S.J. "Florizel" Oct.4.1914.

259 Lahey Edward.

C.R. 259

EDWARD LAHRY

was attested for General service SEPT. 2nd. 1914.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Regiment Enlisted (Date of pr	(a) 1.10.14 romotion to nt rank	Regiment or Corps. New Rank Stu Terms of Service (a) Date of appoint	Name La	key &	Army Form B. 103. 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 313, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
of Johns.	MA A	Embarked St. John's, Disemparked Alexandr Embarked for Gallipol	a	3.10.14	
. MAR 2.5		bk'd Port Suez bk'd MARSEILLES W 88 June Merter Mat Jangge Lo See all	france	14.3.16 22.3.16 15.4.16 4.7.16 11.8.16	B212. Do 01810 293.
(a) In the	AS. J	Aprile Es Esterma of Costerma	Sema,	i of such re-engag	OAPTAIN. or Officer 1/c No. 1 Regular Infantry Section sensor Spental Headquarters, 3rd belon.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Ballsy, E.C. B. 121.
[523] W12611/604 400m 2/15a-1 23 56 Regiment of hew foundland | Trade | Qood Conduct Badges, Service Pay or Proficiency Pay Signature of O. C. Company Com Al Donates to Regimental Number and Name Enlistment No. Age on 22 years mechanic Place and Date 2 19 14 Joined Joined Date Joined Joined Date Cases of Drunk-Date of Names of Place Rank award or of order dispensing with trial OFFENCE Punishment awarded By whom awarded Offence REMARKS Witnesses Form 1. 45 To be carried over

Squadron, Troop, Battery and Company Conduct Sheet.

W. P. Griffith & Sons Ltd., Printers, Old Balley, E.C. E. 121. [523] W12871/604 400m 2/15s-1 23 56 39.

Army Form B. 121. Number of Sheet

Signature of O. C. Company Com Al auster Cal Regiment of new foundland Good Conduct Badges, Service Pay or Proficiency Pay Regimental Number and Name Enlistment-No. mechanic Age on 22 years Place and Date 2 9 14 Joined Date Joined Date Date Joined Date Cases of Drunk-enness. REMARKS Names of award or of order dispensing with trial Date of By whom awarded Rank OFFENCE Punishment awarded Place Offence Witnesses To be carried over