



First Newfoundland Regiment

ATTESTATION PAPER

259
~~657~~

Regimental No.

Name in full Edward Lacey Age _____

Address Bell Island Conception Bay

Married S Single _____ Height 5' 11" Weight 175

Color Fair Hair Lt Brown Eyes Brown

Other distinguishing marks Scar on forefinger of left hand

Nearest relative Father, Richard

Address Bell Island

Dependents _____

Occupation miner Present Wage \$ 50⁰⁰ month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

Edward Lacey
Witness
 I, Edward Lacey, do sincerely promise and swear that I will be faithful and bear the allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland) as the case may be against all his enemies and opposers whatsoever according to the conditions of my service.

Declared before me this 1st day of October 1914

Arthur Paeny

Sept. 2 =



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

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

Examination of *Edward Sahey*
aged *Twenty-two* conducted at *Belle Island*
Date: *Aug 26* Recruiting Officer: *N. J. Power*

NO. OF TEST	FINDING
1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no</i>
10	<i>normal</i>
11	<i>"</i>
12	<i>foreign service</i>
13	<i>"</i>
14	<i>one decayed tooth</i>
15	<i>"</i>
16	<i>"</i>
17	<i>"</i>
18	<i>"</i>
19	<i>"</i>
20	<i>"</i>
21	<i>"</i>
22	<i>"</i>
23	<i>"</i>
24	<i>"</i>
25	<i>"</i>
26	<i>"</i>
27	<i>"</i>
28	<i>"</i>
29	<i>"</i>
30	<i>"</i>
31	<i>"</i>
32	<i>"</i>
33	<i>yes four years ago</i>
34	<i>5 ft 11 inches</i>
35	<i>170 lbs</i>
36	<i>Inspiration 37 Expiration 28</i>
37	<i>Eighty dollars</i>
38	<i>Richard Sahey Belle Island</i>
39	<i>Partly supports parents</i>

Signature of Medical Examiner: *[Signature]*

E. Lahey

259.

P. + R. O.

Ad. P. 19 1/2

No. 111

Date 13th Feb 1917

(1) To the Officer i/c Records,

(Station).

(2) The Officer Commanding,

(Station).

(3) The Paymaster,

58, Victoria Street,
London W.

(Station).

Regimental No. 259

Rank and Name Cpl. Lahey, E.

Regiment or Corps 1st Newfoundland B Coy.

has been granted a furlough from 15th 1/17 to 24th 2/17

His address while on leave will be:—

Queen Hotel,
Victoria Street,

Only for use with men returned from an Expeditionary Force or from Garrisons abroad.

259. Cpl. Lahey, E. 1st Newfoundland. B Coy.

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

Cork,
14/2/17.

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

for Officer in charge Central Military 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.

No. 111

Date 13th Feb 1914

(1) To the Officer i/c Records,

 _____ (Station).

(2) The Officer Commanding,

 _____ (Station).

(3) The Paymaster,

58, Victoria Street,
London W. (Station).

Regimental No. 259

Rank and Name Cpl. Lahey, E.

Regiment or Corps 1st Newfoundland B Coy.

has been granted a furlough from 15th 7/7 to 24th 7/5.

His address while on leave will be :-

Queen Hotel,
Victoria Street,

Only for use with men returned from an Expeditionary Force or from Garrisons abroad.
 259. Cpl. Lahey, E. 1st Newfoundland. B Coy.

I consider he is fit for. 2. Command Depot.
 Sd. R.H. Nicholson.
 Lt.-Colonel, R.A.M.C.,
 O.C., Central Military Hospital.

Cork,
 14/2/17.

for Officer in charge Central Military 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.

No. 111

Date 13th Feb 1917

(1) To the Officer i/c Records,

 _____ (Station).

(2) The Officer Commanding,

 _____ (Station).

(3) The Paymaster,

58, Victoria Street,
London W. (Station).

Regimental No. 359

Rank and Name Cpl. Farley

Regiment or Corps 1st Munfordham B Coy.

has been granted a furlough from 15th 7/7 to 24th 7/7.

His address while on leave will be:—

Queen Hotel
Victoria Street,
London.

I consider he is fit for Duty.
 Light duty.

J. M. B. Anthony

CAPTAIN, R.A.M.C.

for Officer in charge Genl. Mil. 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.

2/1st NEWFOUNDLAND REGIMENT.

Corp. Lakey P. E.

No. 259 is unlikely to be fit for Service with the

Expeditionary Force for *one* months, on account of

Osteoma of Femur

I recommend that he be posted to the Depôt at St. John's,
Newfoundland.

W. H. M. S. M. O.,
Capt. R. E. M. C.
1/C. 2/1st Newfoundland Regt.

1. 3. 17

A.Y.R.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 259 Joseph Lacey
H Co'y. From 17-3-17 to 23-3-17 (Dates inclusive)

(Substituting A.F. O. 1625) M.F.P/Ka.
 Embarked per S.S. Gramscian
 From Liverpool 23 March 1917
 Date _____ Draft No. 32

Classification (See Procedure). B

Pay Book Col.	Particulars	Days	Days	£	s	d	Date	Pay Book Col.	Particulars	Days	Days	£	s	d	Date	
8	Forfeited Pay							1	Pay	7	10	7	70			
9	Allotments	50	7	3	50			2	Field Allowance		10	70				
10								3	Other Allowances							
11/12	Total Stoppages £ & c			3	50			4/5	Total Pay & Allces @ 34.86 2/7			8	40	1	14	6
13	Fines					14	5									
14	Clothing							6	Bal. Cr. Last Period							
15	Arms & Accoutrements															
16	Barrack Damages															
17	Hospital Stoppages															
17a	Miscellaneous Stoppages															
19	Casual Payments					1	0									
20	1st Payment															
21	2nd "															
22	3rd "															
23	Final "															
24	Balance Dr. Last Period															
28	" due by Paymaster							27	Bal. due to Paymaster							
						1	14	6								



Racecourse, Ayr
March 20th 1917

CHECKED
 [Signature]
 23/3/17

CERTIFIED CORRECT.
 [Signature]
 O.C. "H" Company.

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

MEDICAL HISTORY

OF
 Christian Name Edward

Surname Lahay

Table I.—GENERAL TABLE.

Birthplace:—Parish		County				
Examined	on	day of	191	on	day of	191
	at			at		
Declared age		years		days	years	days
Trade or occupation		<u>Mines</u>				
Height		5 feet	11	inches	feet	inches
Weight			175	lbs.		lbs.
Chest Measurement {	Girth when fully expanded			inches		inches
	Range of expansion ...			inches		inches
Physical development ...						
Vaccination marks {	Arm	Right	Left	Right	Left	
	Number					
When vaccinated						
Vision	R.E.—V=			R.E.—V=		
	L.E.—V=			L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease						
(b) Slight defects but not sufficient to cause rejection						
Approved by (Signature)						
(Rank)						
				Medical Officer.		Medical Officer.
Enlisted	at	<u>St Johns</u>		at		
	on	day of	191	on	day of	191
Joined on enlistment		Corps	Regtl. No.		Corps	Regtl. No.
		<u>Newfoundland</u>				
Transferred to						
			<u>259</u>			
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						



COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 RECD. Nov 20 1917
 DATED MAR 22 1917

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

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Cork	19	11	16	14	2	17	Osteoma of nose 88	Treated in Civil Hospital		L. J. Smith M.D.

Sahney &

259

Pay Dent

NEWFOUNDLAND
POST CARD

The Address only to be written on this side.



*Buy the new
Dept of Militia
Purchase at John's
250 1st
201
NEWFID-
65859*

Please return

Bell Island 2.4.19

There is at this office a Registered letter from your dept. addressed 259 Pte. Ernest Cahy

The only family of that name here has a son returned from service by they say his no. is

259 & his name Edgoid. Is there a mistake?

or is party living here. I wrote you some days ago about a letter addressed Kennedy about which I have received no reply. kindly advise
of Murphy. P. M.

I wrote you
the day
the day
the day
the day

5/11
AP
NEW

6. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st 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... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's _____ (Signature of Soldier.)

(Date) 10/5/17 _____ (Signature of 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.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " "

Total " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) 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 Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

No Reservations.
E. L. Lacey



STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and

No. 259

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

St. John's, Newfoundland
October 13th., 1917.

Sir:—

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

259 Cpl. Edward Lahey

A form of examination for you to fill out is en-
closed herewith.

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

If another Registered Medical Practiti-
oner 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

Bell Island

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

I have the honor to be,

Sir,

Your obedient servant,

H. A. Giovanetti,

~~H. J. Casnochan~~, Esq., M. D.,

Bell Island, C. B.

Major-Secretary.

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, if 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 walking 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 same 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,

Sir,

Your obedient servant,

Clay Macpherson

Major.

Report of the Medical Board.

- (1) Are you satisfied that pensioner presenting for examination is the man named above. *I am.*
- (2) What employment does he follow? *not employed since returning.*
- (3) What have been his average weekly earnings the past year? *Corporate pay.*
- (4) What are his present weekly earnings? *None.*
- (5) Name and address of present employer, or if unemployed, of last employer. *Iron Works Steel Coal Co. Pa.*
- (6) The present state of the disabling condition. *operation wound quite healed - Evidence of left-jawner still exists.*
- (7) Is the Disability permanent? *~~yes~~ No.*
- (8) Has it become better, or worse, during the past year? *Improved some.*
- (9) Will it materially improve, or get worse? *Improve.*
- (10) To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present? *1/5.*
(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). *Single.*
- (12) Are any others dependent on Pensioner? Give names and relationship. *No.*

(13) You will please have Pensioner show you his Discharge. What date does his Discharge bear?

May 9th 17. J. Jones

Signature of Pensioner (to be procured at examination).



Nabawa
Date. *Nov 17*

E. L. Loney

Place.

M. L. Carrochay M. D.
H. A. Giovannetti M. D.

Approved. *for 20%*

Date. *Nov 17-17*

Cluny Macpherson Major

13.—Those who are entitled to be awarded pensions shall be divided 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.

Insanity.

Permanent 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.

Anchylous of elbow, knee, shoulder, wrist or ankle.

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.



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,

Cluny 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-examination, on whatever date between
October 15th. and 22nd. the Doctor notifies you to appear.

Yours Faithfully,

Secretary.

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. _____

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full _____
I hereby solemnly declare that my name is Edward
Lahy and that I was
Fill in rank and force a (rank) Private (1st. Nfld. Reg.) in Newfoundland
(R. N. R.)
and that I am entitled to a Pension from the Colony of Newfoundland
Fill in place giving full postal address I am residing at (Street and number) _____
Town of St. John's
and request my next pension cheque be sent to this address.
Edward Lahy SIGNATURE or mark of Pensioner.
Witness C. J. [unclear]

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) were made by the above named pensioner in my presence this _____ day of _____ 19____, and I believe him to be the person he represents himself to be.

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

Signature.

Rank or position.

Postal Address.

Add any Remarks _____

\$ _____

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No _____

EUROPEAN WAR.

NOTICE.—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full _____ I hereby solemnly declare that my name is Edward
Lakey and that I was
Fill in rank and force a (rank) Private (1st. Nfld. Reg.) in 1st Newfoundland
(R. N. R.)
and that I am entitled to a Pension from the Colony of Newfoundland
Fill in place giving full postal address I am residing at (Street and number) _____
Town of St. John's
and request my next pension cheque be sent to this address.
E. Lakey SIGNATURE or mark of Pensioner.
Witness C. P. [Signature]

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) were made by the above named pensioner in my presence this _____ day of _____ 19____, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman,

Signature.

Rank or position.

Postal Address.

Add any Remarks _____

\$ _____



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 Office 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 *Lakey Edward.*
Regiment from which discharged *1st. Newfoundland*
Regimental number *259*
Intended address *Belle Island.*
Height on discharge *5* Feet *10*
Color of hair on discharge *Brown.*
Complexion *Fair*
Color of eyes *Grey*
Figure on discharge *medium*
Christian name of Father *Richard.*
Christian name of Mother *Margaret*
Wife's maiden name in full
Date and place of marriage
Christian names of children

Place and date of soldier's birth. *Belle Island. 29 July. 1892*
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) *Edward Lakey*

Station *St John's Station* Date *April 29/17* (Rank) *Carpenter*

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.

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

Station *St John's* Date *Apr. 23/17*



Medical Report on an Invalid.

NOTES:—

- (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 is essential.
- (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

Station

Date

St Johns of
Apr 25/17

- | | |
|----------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>24</i> |
| 2. Regimental No. <i>259</i> | 6. Enlisted on <i>1-10-14</i> |
| 3. Rank. <i>Corp.</i> | at <i>St Johns of</i> |
| 4. Name. <i>Lahay Edward.</i> | 7. Former trade or occupation <i>Mechanic.</i> |

8. Disability

Osteoma Femur. (Left)

9. History *Was always there but had an injury to the over in France. in Nov. 1916. went to Hoop. Cork. Ireland had operation had part of growth removed*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Operation wounds healed. Quite
anxious still present. States
that his leg gets weak after walking
much.

11. Was sanatorium operation advised and refused? ✓

12. Do you recommend discharge as permanently unfit?

Yes

Signature

J. W. Burden

Rank or Qualification

Lieut

Remarks if any by Officer in Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

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 *may* be considered as ~~aggravated by:~~
due to *Aggravated by*
- (a) Service during this war.
(b) ~~Climates~~
(c) ~~Ordinary Military Service~~

Remarks if any:— *See Sect 10.*

14. At present his capacity for earning a full livelihood 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% Six months*

15. Is the disability permanent? *Ys*

16. Has the disability been aggravated by
- (a) Intemperance. *no*
(b) Misconduct. *no*

17. The refusal of operation sanatorium is:—

- (a) Reasonable.
(b) Unreasonable. *✓*

Remarks if any:—

18. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.

W. H. Fraser President
W. G. Burden *Major* *Tolson*
See Field copy of J.S. Lait

Place *St. John's*

Date *Apr 25 1917*

APPROVED

Station

Date



Clay Macpherson
Administrative Medical Officer. *major*

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

Arthur ...

MEDICAL HISTORY

Surname

Lacey

OF
 Christian Name

Edward

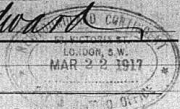


Table I.—GENERAL TABLE

Birthplace:—Parish

County

	SPECIAL RESERVE		REGULAR ARMY	
	on day of	191	on day of	191
Examined ...	at		at	
Declared age ...	years	days	years	days
Trade or occupation ...	<i>None</i>			
Height ...	<i>5</i> feet	inches	feet	inches
Weight ...	<i>175</i>	lbs.		lbs.
Chest Measurement {	Girth when fully expanded	inches		inches
	Range of expansion	inches		inches
Physical development ...	Right	Left	Right	Left
Vaccination marks {	Arms ...			
	Number			
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)				
(Rank)				
Enlisted ...	at		at	
	on day of	191	on day of	191
Joined on enlistment ...	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Wld</i>	<i>259</i>		
Transferred to ...				
Became non-effective by ...	on day of	191	on day of	191
(Signature)				
(Rank)				

2/1st NEWFOUNDLAND REGIMENT.

Corp. Laley P. E.

No. *259* is unlikely to be fit for Service with the

Expeditionary Force for *six* months, on account of

Osteoma of Femur

I recommend that he be posted to the Depôt at St. John's,
Newfoundland.

W. J. Dunster M.O.,
Capt R. & T. C.

I/C. 2/1st Newfoundland Regt.

1. 3. 17

ATR.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any 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..... *Edwards* 2. Surname..... *Lahey*
3. Rank..... *Cpl* 4. Reg't. No. *259*
5. Address in full to which future payments of gratuity are to be forwarded..... *Bell Island, C, B*
6. Date of enlistment in the Regiment..... *Sept. 2/14*
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 dependants.....
9. Address in full of such dependants.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas,*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Sept. 2/14 to May 9/19* 1. 2.

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?..... *Yes*

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.?..... *No* If not give:- (a) Date of discharge *May 9/17* (b) Reason for discharge.....

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

Gallipoli - France & Belgium from Sept 1915 to Nov 1916, Beaumont Hamel

21. (c) 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..... *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: *E. L. Loney*
 Place of Residence: *Bell Island, C.B.*
 Declared before me at: *St. John's, Nfld.*
 This *19th* day of *June*, 19...*1911*
John W. Carthy

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	Soldier	Dependent	War Service Disability	
.....	<i>5 mes</i>	<i>35-00</i>
.....
.....
Certified correct.			Paymaster	<i>ve</i>

STATEMENT OF ACCOUNT

No. 259Name Lacey Co. Inc.PAY LEDGER 12/11Date 8/2/21 by ...

2/3/17

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Mar 31	By Pay 8 days @ 120			9 60	9 60
Apr 13	.. 13 .. do			15 60	25 20
30	.. 17 .. 89 ^{1/2}			33 15	58 35
May 9	.. 9 .. do			17 55	75 90
	Bonus			12 65	89 55
	Blanking			25 00	114 55
Mar 31	Allment 8 days @ 50		4 00		110 55
Apr 14	To Pay	164	15 00		95 55
27	.. ..		15 00		80 55
30	.. ..		15 00		65 55
May 9	.. ..		65 55		+
	War Service Gratuity			350 00	350 00
	5 mos @ 100 ⁰⁰				
	Bonus				
Mar 1	To Pay		12 65		336 35
Apr 1	.. ..	10866	70 00		266 35
May 1	.. ..	12775	70 00		196 35
May 1	.. ..	17850	70 00		126 35
June 1	.. ..	21558	70 00		56 35
July 1	.. ..	206	56 35		0
			464 55	464 55	0

Signed Anthony S. S. S.

259
April, 4, 1919

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

Dear Sir:

With reference to your Post Card
of April 2nd. Will you kindly return registered
letter in your office, addressed to #859, Pte.
Ernest Lahey, as I am unable to trace this man.

Yours truly,

Lieut.
For Paymaster

Receipt for Army Book 64

No. 259 Name E. Cahery

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

Date September 19/20

Place Bell's Island, C. or Bay

Name E. Cahery

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

259

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 259.....NAME *L. L. Lacey*

DATE *Jan 9 1940*.....

PLACE *Baldwin and Co. B*

RECEIPT FOR ISSUE OF **C.R. 259.**
RIBAND OF BRITISH WAR MEDAL-1914-1919.

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

NAME *C. Sanford E. Lacey*

(Date) *Ch. 1919*

(Place) *Buddon and Co. Sp*

C.R. 259

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No. ²⁵⁹ 259 Name Edward J. Lohrey

Witness. E. Lohrey

Date December 24/19

Place Pullisland

C.R. 259

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

W. F. Rendell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

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

I certify that I am entitled to this issue, having served on* *Gallipoli*

from *September* 1915 to *Jan 1916* 1915.

(Date) *March* 1915. (NO) *862*. (Rank) *Captain* (Place) *Beledschind...*

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

*Riband posted to above
29/3/19*

C.R. 259

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

259 Pte. Edward Lahey, discharged May 9th 1917,

Medically unfit

C.R. 259

Extract from roll of Officers
H. C. O's and men of the
DISCHARGED from the Royal
Newfoundland Regiment.

Regtl. #	rank	name	date	reason
259	Pte	LAHEY EDWARD	9/5/17.	MED. UNFIT.

C.R. 259

Extract from Daily Orders Base II Unit The Royal Mills.
Regt., St. John's, April 14th, 1917.

259 Corpl. Jahey.

Attached to the Strength from April 14th, 1917.



C.R. 259

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

SOUTH AFRICAN RECORD OFFICE.

No. H.A. 4257

2996 Pte. Ferguson W.	1 S. Afr. Inf.	VDS. NV.....	Dis. to Con. Dep. Rouen ex 1 Sty. H. 15th Novr. '16
4209 Cpl. Campbell D.	1 do.	V.D.S.	do.
6255 I/Cpl. Cook S.C.F.	2 do.	V.D.G.	do.
359 Cnr. Engels G.	SAHA. 72 Batt.	Talipes	Trans. to Con. Dep. ex 3 Sty. H. Rouen 15 Novr. '16
208 " Haberley J.	" 73 Sge. Batt	W. Gas Shell	do.
5250 Cpl. Robertson F.	4 S.A.I.	Burns Neck. Pace	To Eng. ex 3 Sty Hos 14th November. 1916.
		Hand R.	

NEWFOUNDLAND CONTINGENT

No. H.A. 4257

259 Cpl. Leahy E.	1 Newfoundland R. att.	Myalgia	Adm. 3 Sty. Hos. Rouen 14th Novr. 1916
	88 TMB.		
259 " Leahy E.	1 do.	Osteoma Femur R.....	To Eng. ex 3 Sty. Hos. 15th Novr. '16

CAVALRY RECORD OFFICE CANTERBURY

No. H.A. 4257

8393 Pte. Seaborne J.	3 Drag. Gds.	NYD. Slt.....	Adm. 1 Sty. Hos. Rouen 15th November 1916
115 " McCall J.	6 Innis. Dragoons	V.D.G.....	Adm. 1 Sty. Hos. Rouen ex 1 Con. Dep. 15 Novr. '16
1216 " Somer W.	17 Lancers	"	Dis. to Con. Dep. Rouen ex 1 Sty. H. 15 Novr. '16

72

COPY OF TELEGRAM.

Dated **November 22, 1916.**
To **Mr. Richard Lahey,**
Bell Island.

Regret to inform you that the Record Office,
London, officially reports No. 259, Private Edward Lahey
has been admitted to the Mercy Hospital, Cork, suffering from
osteum of femur - slight.
Upon receipt of further information I shall immedi-
ately wire you and trust that the next report will
be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R. 239

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

259..Pte Lahey. ✓

Meroy Hospital Cork Osteum Of Femur Slight.

C.R. 259

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

259, Cpl. Edward Lahey.

Admitted Cork Civil Hospital, 19/11/16. Osteomyelitis of Femur S. Slight.

From Mercy Hospital.

C.R. 259

Extract of Daily Orders part 11^{1/2} from Unit
1st Newfoundland Regiment, 3rd Echelon, B.E.F.,
October 14, 1916.

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

Promoted Corporal, 28/9/16.



C.R. 259

Extract of daily orders part 11, from Unit 1st. Inf.
Regiment, 3rd Echelon, B.A.F., dated August 19, 1916.

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

Promoted Lance Corporal 11/8/16.

C.R.

259

Extract from Daily Orders Part II Unit The Royal WFLD. Regt.
Alexandria, March 11th, 1916.

256 Pte. A. Metcalfe

Discharged Hospital, Venereal 5-3-16.

C.R. 259

Extract from Nominal Roll of No. 1st Bn. Field Regt.
Embarked at Devonport for Active Service 20-8-15.

259 Pte. E. Lahey.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

C.R. 729

Extract from Nominal Roll Embarked St. John's per S.S.
"Florissel" Oct. 4, 1914.

259 Lahey Edward.

C.R. 259

EDWARD LAHEY

was attested for General service

with the NEWFOUNDLAND REGIMENT on **SEPT. 2nd. 1914.**

Regimental No 259 was allotted to Pte.

EDWARD LAHEY

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Casualty Form—Active Service.

Regiment or Corps *Newfoundland*

Regimental No. *CR. 2319*

Rank *pte*

Name *Lakey, E.*



509

Enlisted (a) *1.10.14* Terms of Service (a) *one year* Service reckons from (a) *1-10-14*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.O.s }

Extended _____ Re-engaged *duration 3 yrs* Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3.10.14	
		Disembarked Alexandria		1.9.15	
		Embarked for Gallipoli		13.9.15	
		Embark'd Port Suez		14.3.16	
		Disembark'd MARSEILLES		22.3.16	
	<i>Warrant</i>	<i>Asst 88th Trench Mortar</i>	<i>France</i>	15.4.16	<i>B 213.</i>
	<i>Do</i>	<i>Staff Sergeant</i>	<i>Do</i>	4.7.16	<i>Do</i>
	<i>Do</i>	<i>Bro. Sglt</i>	<i>Do</i>	11.8.16	<i>Do O 810 29B.</i>
		<i>Invalidated to Eng as 3rdly class Gen</i>		<i>15/11/16</i>	<i>as 5083</i>
		<i>per H.S. "Gloster Co" Osteoma of Femur</i>			

COPY
ST. JOHN'S, NFLD.
MAR 22 1917

[Signature]

[Signature] CAPTAIN.
for Officer i/c No. 1 Regular Infantry Section
General Headquarters, 3rd Echelon.

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
Forms
H. 121.
[522] W1287/1004 Form 2/12a-1 to 56
22.

Number of Sheets 1

Regiment of Newfoundland

Signature of O. C. Company Lawrence A. B. Underhill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>Laley E</u>	Age on	<u>22</u> years <u></u> months	<u>Mechanic</u>		
Joined	Date	Place and Date of Enlistment	<u>2/9/14</u>	Religion	<u>Roman Cath</u>	
Joined	Date	Period of	<u>with Colours 2⁵ years with Reserve 3⁵ years</u>	Place of Birth	<u>Belldale, Nfld.</u>	
Joined	Date					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Discharged St. John's red. Unfit 9/5/17</u>	<u>20/1/17</u>				

To be carried over

