



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4003 Name Philip Lake Corps met

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Philip Lake</u> |
| 2. What is your full Address? | 2. <u>20. time Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Year <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>sailor</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, Philip Lake 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.

Philip Lake SIGNATURE OF RECRUIT.
Joseph Pittman Signature of Witness.

a. 12-4-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Philip Lake 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 Johns

on this 12th day of April 1918
 Signature of Attesting Officer George Learty Major

†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 that

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

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

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Philip Lake
 Apparent age years months. Height 5 feet 5 3/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Lake Fortme
Fortme 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>12-4-18</u>									
Joined at <u>St John's</u> on <u>April 12-1918</u>									
<u>Discharged July 31-1919</u>									
<u>Embarked St John's S.S. train to Halifax N.S. 11-6-1918.</u>									
<u>Embarked for N.S. 10-10-1918</u>									
<u>Joined 15th Stran 3-11-18</u>									
<u>Arrived in N.S. from N.S. to Hamilton 23-12-1919.</u>									
<u>to title for demobly. when 22-5-1919</u>									
<u>Arrived N.S. 1-6-1919</u>									
<u>Total Service forfeited as above. Demobly. when 3-7-1919</u>									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge) <u>1</u> years <u>83</u> days									
" " Pensions " " " " " "									

C.R. 4403

Extract from Daily Orders para 21 Unit The Royal Field. Regt.,
By Lt. Col. T.G. Mathias, R.E.C. Commanding 1st Bn. 3-11-18.

The following joined the Bn. 3-11-18.

4403 Pte. P. Lake.

C. Coy.

Reg. No. 4403

Rank

Pte

Name

Lake, P.

Attested

28¹²⁻-4-18.

Address

Fortune, Buvin District

Allotment

50

Allottee

Mrs Agnes Lake Niles

Date of Allotment

8⁶/₇

Returned from Overseas

Embarked for Overseas

JUN 11 1918

Cause

28-4-18

Vaco.

Enrolled: 20-4-18, Dec 2nd 25-5-18

A.S. 3-5-18 to -10-5-18, returned from leave 20-5-18

C.R. 4403

Extract from Daily Orders Part 11 Unit The Royal WFLA.

Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by C.C. Discharge Depot with effect from 29-6-19

4403 Pte. Philip Lake.

C.R. 4403

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. Depot St. John's, June 9th, 1919

The discharge of the undemoted on demobilization has been
~~reinstated~~ APPROVED O.C. Discharge Depot with effect
from 19-6-19.

4403 Pte. Phillip Lake

C.R. 4403

Extract from Daily Orders Part 11 Depot, St. John's,

Date

June 7th, 1919

4403 Pte. Philip Lake.

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R!

4403

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rover Camp 28/4/19, embarked at Havre 28/4/19,
disembarked at Southampton 28/4/19 and reached
Hazeley Down Camp 28/4/19.

#4003 Pte. P. Lake.

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C.R. 4403

Extract from Memorial Roll Re-inforcement Draft No. 55, Embarked Folkeston,
26/12/18, from 2nd Batta, Royal Newfoundland Regiment, Hareley Down Camp,
to 1st Batta, Royal Newfoundland Regiment, B.B.F.

4403 ⁴te. Lake, P.

C.R. 4403

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 14, 1918

#4403 Pte. P. J. Lake.

Embarked for overseas with draft June 11th, 1918.

C.R. 4403

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regiment, St., John's, dated April 16th, 1918.

#4403 Pte. P. Lake.

Attested for General Service, with The Royal Newfoundland
Regiment from 12/4/18.

St. Lake



4403

St. L.

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Barber*
2. Regtl. No. *4403* 3. Rank. *plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lake Phillip* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on *apl 11. 18* at *St John* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 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? } *no.*

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.)

Accomplish for disability

16. Was an operation performed? If so, when and what was its nature? *no.*
17. If not, was an operation advised and declined? *no.*
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? *no.*
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? *no.*

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.

Repatrisation
signed by Ericson
and
Capt. Ramc

Station *Hazely Town*

Date *29/4/19*

Medical Officer in charge of case.

* 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

To: - The Chief Paymaster,
Royal Newfoundland Regiment,
55 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
1403	Lt	Lake F.J.	£250	F. Lake

I have the honour to be, Sir,
Your obedient Servant.

F. Lake

Date

July 1/18

Lake, Phelps,

4403

Ray Sept.

July 3, 1919

#4403 Pte. Philip Lake,

Fortune.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2344.

Yours truly

Captain
Paymaster & Officer i/c Records.

July 2, 1919

#4406 Pte. Philip Lake,
Fortune, F.B.

Dear Sir:-

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

Yours truly

Captain,
Paymaster & Officer in Charge Records.

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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..... *Sheep* S. DUNNING..... *Lake*

3. Rank..... *Pte* 4. Regt. No. *4403*

5. Address in full to which future payments of gratuity are to be forwarded..... *Porture, Porture Barn*

6. Date of enlistment in the Regiment..... *April 17, 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Not applicable*

8. Relationship of such dependents..... *Do*

9. Address in full of such dependents..... *Do*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months and one week* 1. $\frac{1}{2}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
..... *Not 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. *Y*
..... *88.09 Clothing & Ration*

15. Have you been issued with a War Service Badge?..... *No*

16. Have you, during the present war, served in the Imperial Forces?..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *No*

19. Are you now serving in the Rest?..... *No* If not give:- (a) date of discharge. *June 9/19* (b) Reason for discharge.
..... *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....
..... *France Oct 1918, Belgium & Germany*

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

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

Regimental No. *4403*...

Name *L. A. P. Sullivan*

Address *Fortuna*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R. H. Sant
O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

W. E. Berden
M. O. Depot

The Royal Nfld. Regiment

DEMOBILIZATION

No. 11403 Bank

Name

Lake P

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 11403 Rank Pte Name Lake Philip
 Date of Enlistment 12-4-18 Address Fortune District Fortune
 Occupation Sailor Classification for Discharge E Medical Category A I
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 4-6-19

H. H. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

P. Lake

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *£10.00*

(b) Clothing Supplied *new off*

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1457 to his home at Fortune and Release Certificate No. 2323 issued

Date 5-6-19 *[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 5-6-19 *[Signature]*
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

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

[Handwritten: 2 Form B.]

Date 5-6-19 *[Signature]*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919 *[Signature]*
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

Signature of Man.

Alubenstein Reg. No. *2 Lake*

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *5-6-19*

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Sailor*
2. Regt. No. *4403* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lake* } *P. Philip* } (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday. *21*
6. Posted for duty on *Apr. 11 / 18* at *St. Johns*
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 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*
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? } na.

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 complaints of no disability

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repetition

W. E. Procunier. Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Sanely D. Camp.*

Date *29-4-19.*

* 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



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 *Lake Philip*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4493*

Intended address *Fortune - NB*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Md*

Christian name of Father *Thomas*

Christian name of Mother *Agnes*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Fortune. Dec. 7 - 1897.*

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) *P. Lake*

(Rank) *Plt.*

Station **ST. JOHN'S** Date **JUN 4 1919**

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

Station _____ Date _____



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

MEDICAL HISTORY

OF

Surname Rose

Christian Name Philip

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	12 th day of April 1918	St. John's	day of	191
Declared Age	20 years	days	years	days
Trade or Occupation	Sailor			
Height	5 feet 5 1/2 inches		feet	inches
Weight	117 lbs.		lbs.	
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	4 inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	<i>Lammie Peterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	12 th day of April 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal Nfld. Regt.	Corps.	
	Regtl. No.	4403	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Lake Christian Name Philip

Religion Meth Age on Enlistment 20 years months

Enlisted (a) 12.4.18 Terms of Service (a) 5 yrs DURATION Service reckons from (a) 12.4.18

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

Extended Re-engaged Qualification (b)

Occupation Sailor or Corps Trade and Rate Signature of Officer J. P. ...

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	26 OCT 1918		
		Disembarked...	3 NOV 1918		
		Joined Battalion			
		Arrived in UK		13/1/19	

(a) In the case of a man who has re-engaged for or enlisted in Section B, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (1700) Wt. W 287-P 114. 1,000,000. 6/18. D & S. Form B.103. (E. 1926)

Next of kin Father, Thomas Lake, Fortune, St. John's

W. G. Rendell Esq
St. Johns

Fortune L. B.

Sept 28 1911

4403

282
Dear Sir

Would you please inform me, the reason why my son Philip Lake's balance due on every month don't come regular. I have only recd. two allotments since his enlistment of April, eleven dollars + fifty cents for July, + fifteen fifty for August, I would be much obliged if you would reply

yours truly
Agnes Lake

Allotment
Commenced June
& Sept. outgoing
Oct 6/1911

4403
October 7th. 1918.

Mrs. Agnes Lake,
FORTUNE BAY.

Dear Madam:

With reference to your letter of Sept. 28th. I beg to inform you that your son declared his allotment to commence from July 8th. therefore the cheques forwarded to you up to date would be as follows:

Cheques posted from this office on Aug. 7th. in payment for the 24 days of July.

Cheque forwarded on Sept. 7th. in payment for the month of August,

Cheque forwarded on 7th. of this month in payment for the month of September.

You will notice that each cheque is posted to you on the 7th. of the month in payment for the preceding month.

Yours truly,

Lieut.
For Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
59.Number of Sheet oneRegiment of The Royal NewfoundlandSignature of O. C. Company C. J. Jameslieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Philip Lane</u>	Age on	<u>20</u> years — months	<u>Sailor</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>12-4-18</u>	Religion <u>meth.</u>	
Joined	Date	Period of	with Colours <u>83</u> years. with Reserve <u>365</u> years.	Place of Birth <u>Portugal</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
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J

Demobilized St. John's, 3/19

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4403 Rank Pte Name Lake Philip
 Date of Enlistment 12-4-18 Address Fortune District Fortune
 Occupation Sailor Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:-

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
B 179c	B 120	M 93		

Date 4-6-19 for H. H. H. H. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

D Lake

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable. £1.00

(b) Clothing Supplied 2 snow caps

Date 5-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1457 to his home at Fortune and Release Certificate No. 2325 issued.

Date 5-6-19

[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 3-6-19

[Signature]
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	2 Form B
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	E 120	M 93			

Date 5-6-19

[Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919

[Signature]
O. C. Discharge Depot.

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

Date June 13/1919

[Signature]

Reg. No. 4403 Rank Pfc Name Lake, P.

Attested Address Fortune

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corsican Cause Discharge

4-6-19
29-6-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION