



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3783 Name Norman Langdon Lander Corps Armed

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Norman Langdon</u> |
| 2. What is your full Address? | 2. <u>Bonaville</u> |
| 3. Are you a British Subject? | 3. |
| 4. What is your age? | 4. <u>yes</u> 18 Years Months |
| 5. What is your Trade or Calling? | 5. <u>fisherman</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, Norman Langdon Lander 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.

Norman LanderSIGNATURE OF RECRUIT.
Ed MaySignature of Witness.

7.14/5/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Norman Langdon Lander 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.....
 on this 14th day of May 1915
 Signature of Attesting Officer Charles A. [unclear]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.

Date.....1915
 Place..... } Approving Officer:

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Norman Lander
 Apparent age 18 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 8 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Emily Gertrude Bonarista
Bonarista | Relationship Mother

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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 Pensions " _____ [" "] _____ " _____ "

3783

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3783 Name Norman Langdon Lander Corps Meth.

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Norman Langdon
2. What is your full Address? 2. Bonavista
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? } 8. yes
9. Are you willing to be enlisted for General Service? } 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. yes

I, Norman Langdon Lander 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.

Norman Lander SIGNATURE OF RECRUIT.

E.M. Day L/c Signature of Witness.

7.14/5/17.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Norman Langdon Lander do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's

on this 14th day of May 1917

Signature of Attesting Officer Thos R. Aye Capt.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

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

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

† 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 Norman Lander
 Apparent age 18 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Emily Greenblatt
Bonavista | Relationship mother

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>14-5-17</u>									
Joined at <u>St John's</u> on <u>May 14</u> 19 <u>17</u>									
Discharged <u>July 7</u> 19 <u>19</u>									
Embarked <u>St John's</u> <u>St. John's</u> to <u>Halifax N.S.</u> <u>4</u> <u>2-18</u>									
Embarked <u>St. John's</u> to <u>Halifax N.S.</u> <u>4</u> <u>2-18</u>									
Admitted <u>St. John's</u> <u>19-3-18</u>									
Admitted <u>St. John's</u> <u>14-10-18</u>									
Admitted <u>St. John's</u> <u>25-10-18</u>									
Admitted <u>St. John's</u> <u>22-5-19</u>									
Demobilization <u>St. John's</u> <u>7-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-19 [date of discharge] 2 years 55 days
 " " Pensions " " " " " " " " " " " "

Lauder, L

3783

Ray Sept.

2.

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

MEDICAL HISTORY

Surname Lampton Sander OF Christian Name Yoman

Table I.—GENERAL TABLE.



Birthplace:—Parish Bonavista County _____

SPECIAL RESERVE.

Examined	on 14 day of <u>May</u> 1917	on	day of	191		
	at <u>Headquarters</u>	at				
Declared Age	18 years	—	days	years days		
Trade or Occupation	<u>Fisherman</u>					
Height	5 feet	6	inches	feet inches		
Weight	114		lbs.	lbs.		
Chest Measurement	Grith when fully expanded	35	inches	inches		
	Range of Expansion	3	inches	inches		
Physical Development						
Vaccination Marks	Right	Left	Right	Left		
	—	—				
When Vaccinated						
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=			
	L.E.—V=	<u>6/9</u>	L.E.—V=			
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)			
(b) Slight defects but not sufficient to cause rejection	(b)		(b)			
Approved by (Signature)	<u>Lampton Peterson</u>					
(Rank)	<u>Major</u> Medical Officer.					
Enlisted	at <u>St. John's</u>	at				
	on 14 day of <u>May</u> 1917	on	day of	191		
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.		
	<u>4th</u>	<u>3783</u>				
Transferred to						
Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						

Medical Report on an Invalid.

Station Hazelton
 Date 4/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 2783
- 3. Rank Pt
- 4. Name Lander. N.
- 5. Age last birthday 20
- 6. Enlisted { on 14. 5. 17
 at St John
- 7. Former Trade or Occupation } Labourer.
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

No complaints of no disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na.

17. If not, was an operation advised and declined?

na.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

W.S. Proemier

Capt Rame

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Mazleydown*

Officer in charge of Hospital.

Date *1/5/19*

*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.

† Delete this word if no exceptions are to be made.

C.R. 3783

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name, *Norman Lander*

Date *Nov 28th 1919*

Place *Bonaria*

Receipt for Army Book 64

No. 2783 Name N. Lander

To Certify that I have received the ² AB 64 of the above
named Soldier.

Name 2783. Norman Lander

Date Aug. 25th 1920.

Place Bonavista

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

50

Casualty Form—Active Service.



Rank *PL* Regiment or Corps *Royal Newfoundland*
 Surname *Lander* Christian Name *Roman*
 Religion *Meth.* Age on Enlistment *18* years *—* months
 Enlisted (a) *14-5-17* Terms of Service (a) *Duration* Service reckons from (a) *14-5-17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation *Fisherman* Signature of Officer *[Signature]*

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 ...	3 FEB 1918	
			Disembarked...	6 FEB 1918	
				15 FEB 1918	
	<i>897A</i>	<i>Ad Disease</i>	<i>62 CCS</i>	<i>25/3/18</i>	<i>E.O 9156</i>
	<i>13 CCS</i>			<i>26/3/18</i>	<i>E.O 9394</i>
		<i>To duty</i>	<i>Unit</i>	<i>14-4-18</i>	<i>E.O 396 20/4/18</i>
		<i>ad Hospital</i>	<i>Field</i>	<i>14/10/18</i>	<i>B213</i>
	<i>3 CCS</i>	<i>Ad Disease</i>	<i>Caen</i>	<i>18/10/18</i>	<i>Ad 30517</i>
	<i>7 CCS</i>			<i>23/10/18</i>	<i>Ad 30831</i>
		<i>Rejoined unit</i>		<i>11-11-18</i>	
<i>2.1.19</i>	<i>Unit.</i>	<i>leave 27/18 to 10/19</i>			<i>B.213. Para 2/1</i>
		<i>Appointed Coy Const. 14/1/19</i>			<i>B.213. 24/1/19.</i>

(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) Signaller, Shoeing-Smith, &c.
 W. 11814—M1188 1000m 1/17 (27227) SP & Co, Ltd. Forms B.103/4 E.1354. [P.T.O.]

The Royal Newfoundland Regiment



PROCEEDINGS ON DISCHARGE

1. No. 3783 Rank Pvt Name Lander R.
 Intended place of residence Bonaville
 2. Occupation Fisherman
 Classification of soldier E Medical Category A'

3. The above named man is discharged in consequence of... **DEMOBILIZATION**
 Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date JUN 9 1919
J.A. Snow Capt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
JUN 9 1919
N. Scudler
 Signature of soldier
J.P. Snow Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S
9-6-19
N. Scudler
 Signature of soldier
J. Snowman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-5-17 No of days on Military Service 783
 Discharged from service 23-6-19 plus 14 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date JUN 23 1919
R.H. Sait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's Nfld
 Date July 7/1919
M. Bowley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

a 282079/2736

The Royal Newfoundland Regiment



Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 9.6.19

Regimental No 3783

Name Lander Norman Rank Pte.

Address Bonavista

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.H. Last Capt

O.C. Discharge Depot.

J. Paterson

Senior Medical Officer

T.W. Bearden

M. O. Depot



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 *Norman Lander*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5583*

Intended address *Bonavista*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father _____

Christian name of Mother *Emma*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bonavista, March 14th, 1899*

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) *Norman Lander*

Pte

(Rank)

Station **ST. JOHN'S.**

Date *5-6-19*

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

Station

Date



C.R. 3783

Extract from Daily Orders Part II Unit the Royal Welch
Regt. St. John's, 1st Ly 10th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from 7-7-19.

3783 Pte. Norman Lander.

C.R. 3783

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated June 15th 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effects from 23/6/19.

3783, Pte. K. Lander.

C.R. 3783

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

Date

12-6-19.

3783 Pte. L. Lander

Reported at Headquarters

1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

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

C.R. 3783

Extract from War Office List No.H.A. 30989

ADM. LG CON. DEP. ECAULT 25 OCTOBER 1918.

#3783 Pte. N. Lander

DIARRHOEA.

BCBC.

C.R. 3783

Extract from War Office List . No. 30577.

#3783 Pte. N. Lander.

ADMITTED TO 5 CAN. GUN. REG. DOULOGHE 18th., OCTOBER. 1918.

DIAGNOSIS WILD.

C.R. 3783

extract from Nominal Roll Draft No. 36, 200 Other Ranks
from 2nd., (Reserve) Battn. Royal Newfoundland Regiment
and proceeded to join the 1st. Battn, Royal Nfld., Regt.
B. E. F., Embarked Southampton 4/2/ 18.

#3783 Pte. N. Lander.

C.R. 3783

Extract from Nominal Roll Embarked St. John's for Overseas. per
per S.S. "Florissol" Aug. 4, 1917.

3783 Pte. H. Lander.

C.R. 3783

Extract from Daily Orders Part II Unit The Royal
Nfld. Regt., St. John's, May. 14th, 1917.

3783 Pte. M. Lander.

Attested this day, posted to P. Coy, assigned to number
as shown.

The Royal Newfoundland Regiment

93783

DEMOBILIZATION OF

Reg. No. 5783 Rank Pvt. Name Lander Norman
 Date of Enlistment 11-5-17 Address Bonavista District Bonavista
 Occupation Postman Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	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.....	1 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 9-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

N. Lander

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable... \$60.00

(b) Clothing Supplied

[Signature]

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B.1703 to his home at Bonaville and Release Certificate No. 2521 issued.

Date 9-6-19 J.A. Snow Capt
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 9-6-19

Date 9-6-19 J.A. Snow Capt
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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		

Date 9-6-19 J.A. Snow Capt
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

JUN 23 1919

Date R.H. Snow Capt
O. C. Discharge Depot.

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

Date June 17/19 Jamelkath i/c
for O.C. Records

Reg. No. *3783* Rank *Pfc.* Name *Lander, H.*

Attested Address *Bonavista*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause

9.5.19
23.6.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

H Lander

C.R. 3783

120

Medical Report on an Invalid.

Station Hazley Down

Date 7/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 3783
- 3. Rank Pte.
- 4. Name Lander, M.
- 5. Age last birthday 20
- 6. Enlisted $\left\{ \begin{array}{l} \text{on } 14. 5. 17 \\ \text{at } St John. \end{array} \right.$
- 7. Former Trade or Occupation Labourer
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

All Complaints of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na

17. If not, was an operation advised and declined?

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

Hepatitis

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W.E. Proctor. Capt. R.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Mazeley Barr*

Officer in charge of Hospital.

Date *7/5/19*

*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.

† Delete this word if no exceptions are to be made.

No. 3783 Rank Pte Name Lauder W.

Pay	F.A.	Wkg	Total	N.F.P/33
100	10		110	
Less Allotment			70	
Net Rate			40	<u>15/11</u>

15-10-6

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d						
						From	To			Rate	£	s	d			
Balance					Balance <u>W. Coy.</u>							17	10			
Acquittance Rolls		14	3	8	Pay @ Net Rate	16-2-18	25-12-18	316	40	126	40	25	19	5		
Hospital Advances					<u>R.M. B.L.T.</u>	27/1/19	10/6/19	1/9						1	4	6
A.B. 64. <u>30 francs</u>		1	6	10												
P.&.R.O. Payments					<u>Pay</u>	29-12-18	9-1-19	12	40	4	80					
<u>Cash R. 121</u>		13	0	0	<u>Cash R. 110</u>	10-1-19	—	1	40		40					
<u>Cash R. 332</u>	9-1-19	1	1	0	<u>£ 0-1-8</u>											
<u>Cash 374</u>	10-1-19	10		0												

£ 28-11-9
£ 15-1-30

29-13-2

No. 15887/502.

NEWFOUNDLAND CONTINGENT

NEWFOUNDLAND
58, VICTORIA ST.,
LONDON, S.W.
4 - NOV 1918
N.F.P. / 50.

From: Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W.

TO: Officer Commanding,
1/Bn. Royal Nfld. Regt.,
B. E. F.

October 3rd, 1918

20031-111
NEWFOUNDLAND. 1918

Subject: 3783, Pte. N. Lauder,

ANSWER

3783 Pte. N. LAUDER.

With reference to the following telegram (8486) from the Hon. the Minister of Militia, received

Ref. the above named he has been evacuated to hospital

"Pay to 3783, Pte. N. Lauder, £5.0.0."

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

*28-1-7
paid
10/11/18*

J. F. Macleod
Chief Paymaster & O. i/c Records.

LIEUT. COL
REGIMENTS

19507

CHIEF PAYMASTER & OFFICER I/C. RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Officer Commanding,
10, Con. Depot,
Ecault, B.E.F.

Bay & Record Office,
28th November 1918.

Reference reverse: Kindly indicate
your wishes hereon.

J.H. [Signature]
Major,
Chief Paymaster & O. i/c Records,

*This soldier desires
£200.00 to be remitted
to him and the remainder
retained to credit of his
account; please.*

A. [Signature] Major.
LIEUT. COL.
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.



20.12.18.

July 7, 1919

#3783 Pte. Norman Lander,

Bonavista.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2736.

Yours truly

Captain
Paymaster & Officer i/c Records.

July 8, 1919

#3783 Pte. Norman Lanier,

Bonavista, B.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 Gratitude.

Yours truly

Captain
Quymaster & O.i/c Records.

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 *Norman* 2. Surname *Lauder*

3. Rank *Pte* 4. Regtl. No. *3783*

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

6. Date of enlistment in the Regiment. *May 14, 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.

8. Relationship of such dependents.

9. Address in full of such dependents.

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

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 May 14/17 to June 9/19*

..... 1.

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

.....
..... *No*

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

.....
..... *No*

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

..... *No*

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

..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

..... *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

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

..... *June 9/19* (b) Reason for discharge.....

..... *Temporary* *Demobilization*

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

France, Belgium + Germany - From Feb. 2/18 to Apr 1919

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.....

..... *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: *H. Lander*
 Place of Residence: *Bonavista, B.B.*
 Declared before me at: *H. John's, Nfld.*
 This *9th* day of *June* 19*19*...

John W. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5785 Rank Pte Name Landed Norman
 Date of Enlistment 14-5-17 Address Bonaville District Bonaville
 Occupation Steward Classification for Discharge H 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 9-6-19
 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied [Signature]

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1703 to his home at Bonavista and Release Certificate No. 2391 issued.

Date 9-6-19

J.A. Snow Capt.
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 9-6-19

Date 9-6-19

J.A. Snow Capt.
Depot Paymaster.

Discharge approved for 23-6-19

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.		

Date 9-6-19

J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 23 1919

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date

The Royal Nfld. Regiment

DEMOBILIZATION

No. 3783 Rank Sgt

Name Lander

Warned for demobilization on

JUN 10 1919

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

H. L. Linder.

Signature of Man.

J. J. Snow Cap

Signature of the Vocational Officer or his Representative.

Reg. No. *3483*

Place

St. Johns.

Date

JUN 9 1919

191

