



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

WSP
 No. 5381
5390

Name Reardon Lane Corps Marine

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Reardon Lane</u> |
| 2. What is your full Address? | 2. <u>Queen Street, St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Merchant</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, Reardon Lane, 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

Reardon Lane SIGNATURE OF RECRUIT.

McDonnell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Reardon Lane, 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 correctly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 1st day of March, 1918.

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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).....

C.R.

5381

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbellia" July 22, 1918.

#5381 Pte. Leander Lane.

C.R. 5381

Extract from Daily orders part II Royal Newfoundland regt.
depot at. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has been
confirmed by officer i/o Records from 5-8-19.

5381, Pte. L. Lane.

C.R. 5381

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, July 22, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 22-7-19.

5381 Pte. L.Lane.

C.R. 5381

Extract from Daily Orders Regt. 1st The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5381 Pte. L. Lane.

Reported at Headquarters 257419 of "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R. 5381

Extract from Daily Order by Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies,
6-12-18.

The undermentioned ~~having~~ having reported
to 2nd Bn. Royal Wfld. Regt. is attached to the strength
for rations, from this date and posted to "B" Companies

5381 Pte. L. Lane.

C.R. 5381

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 25, 1918.

#5381 Pte. Leander Lane.

Attested for General Service with the Royal Nfld. Regt.
from 25.5.18

P. Lane

C.R. 5381

P. + R. P

Lane, L

5381

Ray & Dept.

August 5th 1919.

#5381, Pte. Leander Lane,

Deer Isld. B.B.

Dear Sir:

Enclosed please find Discharge Certificate

3387

Yours truly,

Capt. & O.i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5381 Rank Pvt Name Lane Leander
 Intended place of residence St. John's
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION
 Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 8 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date

JUL 8 - 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date

JUL 8 - 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 23-5-18 No. of days on Military
 Discharged from service... JUL 22 1919 Plus 14 days Service. 440

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date

JUL 22 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date

August 5/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 22 B 20491 3387

9
30
31
5
95

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 *1.7.19*

Regimental No. *5381*

Name *Lane Leander*

Address *Deer Island*

Present Medical Category *A i*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

RH East Major
.....
O.C. Discharge Depot.

J. Paterson
.....
Senior Medical Officer

Geo. Burdett
.....
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5381 Rank Plt Name Lance Lande
 Date of Enlistment 23-5-18 Address Dev. Dep. District Bona
 Occupation Fisherman Classification for Discharge E Medical Category H
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 208	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	<u>256-1</u>	" 6
B 179c	B 120	M 93		

Date 7-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation Lande X Lande

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 _____

Date 8-7-19

O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2261 to his home at San Jose and Release Certificate No. 3301 issued.

Date

8-7-19

J.A. Linnell
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

Date

8-7-19

J.A. Linnell
Depot Paymaster.

Discharged approved for

22-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 288	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	256-1	" 6
B179c	B 120	M 93		

2 Form B

Date

8-7-19

J.A. Linnell
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DWL 26.0.13

Eligible for War Service Gratuity

Date

J.R. Cooke
for 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.

Paul L.

Signature of Man.

Reg. No. 5381

J. J. Knowlton
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

8-7-19

191

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

MEDICAL HISTORY

Surname Leane OF Christian Name Leander

Table I.—GENERAL TABLE.

Birthplace:—Parish Deer Island BB County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	25 th	May	1918	191
	at	St. John's	at	
Declared Age	20	years		days
Trade or Occupation	Fisherman			
Height	5	feet 6 ³ / ₄	inches	inches
Weight	140		lbs.	lbs.
Chest Measurement	Girth when fully expanded	37 ¹ / ₂	inches	inches
	Range of Expansion	3 ⁴ / ₂	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/15	R.E.—V=	
	L.E.—V=	6/15	L.E.—V=	
(a)			(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b)			(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>L. Munnister</u>			
(Rank)	Major			
		Medical Officer.		Medical Officer.
Enlisted	at	St. John's	at	
	on	23 rd	on	
		day of May		1918
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	Royal Nfld. Regiment			
		5381		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

Nfld



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 *Leander Lane*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5381*

Intended address *Beer Island, B.B.*

Height on discharge *5 Feet 7*

Color of hair on discharge *Black*

Complexion *Dunk*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Samuel*

Christian name of Mother *Mary Ann*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Beer Island 1-6-age. 21-1898*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Leander Lane*

(Rank) *Plt*

Station *ST. JOHN'S*

Date *July 5-7-19*

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



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

Station

Date

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 West Kent Light } Former Trade or Occupation } Postman
2. Regtl. No. 8381 3. Rank... Pte 7a. If the soldier claims previous service in Army, he should state—
4. Name Lane James (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... 21
6. Posted for duty on..... at..... 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? }

Re Complaint of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

Repatiation

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.

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

Station ... *Hazley, Dorset*
 Date ... *8.1.19*

* 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.

RECEIVED
4-NOV 1918
COUNTY LAB.

Outfit Number..... *A*

Result of the examination of the specimen of..... *Spulius* taken from

Reg. No. *5381* Rank *Pvt* Name *Lane, L*

Corps *N.F.L.D.*

Result *Tubercle bacilli not found*

5th Nov 18
..... 191.....

R. A. Hyde
Specialist Sanitary Officer.

TO BE LEFT BLANK.

Line:

Del. ? VB

Rec. Mrs. C. M. Br.

Accession: to recapture.

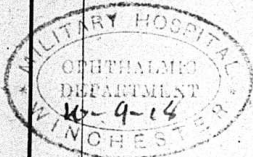
W. M. B.

Unit 2nd Bn R. NewfoundlandMORNING SICK REPORT
MEDICAL INSPECTION REPORT*

Army Form B 256

Squadron, battery or company

Station and Date Hazelton 10.9.1918

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of		Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's Remarks and Signature.
		Age.	Service.							
5381	Pli Lone.	20								<p>Now on Special Military Hosp. Winchester.</p>
	 <p>Inflammation of the ^{outer} part of eye of fleshy part of septum R. Lockhart Captn. P. C. P. C.</p>								<p>700 line outward</p> <p>W. P. C. Captn. P. C. P. C.</p>	

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as, "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

* Strike out whichever is not applicable.

Orderly
N.C.O.

August 12, 1919

Mr. Leander Lane,
Deer Island, N.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 War Service Gratuity.

Yours truly.

Captain & Paymaster.

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 *Frederick* 2. Surname *Law*.....

3. Rank *Pvt.*..... 4. Regtl. No. *5381*.....

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

6. Date of enlistment in the Regiment *May 23/18*.....

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 23/18*.....

To July 8/19.....

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?
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.....

.....
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..... (b) Reason for discharge.....

..... *Sept. 8, 1919* *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....

..... *No.*

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.

The Department of Militia

The sum of *fifty five dollars* 15 ⁰⁰/₁₀₀ Dollars is due

to *Mr Lewis Lane Bagg Island B.B.* For *postage & mess*

Reg No. *5581* Rank *Pte* Name *Lane*

From *Gambos* To *St. John's Island*

Receipt attached

DISTRICT OFFICER
NEWFOUNDLAND
10/10
AUG 15 1919
COMMANDING

14-8-19

J. H. Brown

Captain
Demobilisation Officer.

ACCOUNT	<i>Trans</i>
CH. NO.	<i>4975</i>
NAME	<i>CW</i>

Braggs Island
B B July 21/19

Rechnung
22. 7. 19

To the New South Wales Reg
Department

Dear Sirs.

Please pay
Louis Lane: Braggs Island
Bonavis to Bay for
passage and meals
from Lambo to Deer
Island: for Mr Lane
No 5381. Home Braggs Island

B B The sum of 15 dollars

yours faithfully
Louis Lane.

5381

Braggs Island
via Deer Island
B.B.

Aug 28, 18.

Minister of Militia

Dear Sir

I am asking
you if you could
please give me information
Regarding my son the
Islander Lane. I know he
reached Halifax O.K. but
since then I have heard
nothing from him
could you kindly tell me
if he has gone over to
Eng yet - I am so

allotments
of 50 + communit
Aug - 1st
in favour of
father.

anxious to hear of his
whereabouts.

I could you
give me information about
his money I haven't
received any pay from
him yet.
I know dear sir
you will be good
enough to tell me
about him
anxiously awaiting
your answer I remain
yours truly

Mrs. Samuel Lane
Braggs Island
B.B.

5381

Sept. 3, 1918.

Mrs. Samuel Lane,
BRAGG'S ISLAND, B.B.

Dear Madam:

With reference to your letter of Aug. 28th. I beg to inform you that you son declared an allotment of 50g per day in favour of his father commencing Aug. 1st therefore the 1st. cheque will be posted to you on Sept. 3rd in payment for the month of August.

Regarding the present whereabouts of your boy, a letter will reach him if you address it as follows:

Pte. Leander Lane,
No. Royal Mfld. Regiment,
C/o Pay & Record Office,
55 Victoria Street,
LONDON, S.W., -1-
England.

Yours truly,

Lieut.
For Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

A. D. Dine / Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.	<i>5381</i>	Name	<i>David Leander</i>		Trade				
Joined	Date	Age on	<i>20</i> years <i>5</i> months	Religion					
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	<i>Methodist</i>					
Joined	Date	Period of	with Colours	years.	Place of Birth				
Joined	Date		with Reserve	<i>1 7/8</i> years.	<i>St John's</i>				
			<i>3 1/2</i> years.		<i>St John's</i>				
Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>5 8/19</i>			

To be carried over.

C.R. 5381

Army Form B. 179a.

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 } *Lushman*
2. Regtl. No. *5381* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lane* *Lander* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on at..... 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.
12. Place of origin of disability.
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
nil

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the }
man's part.
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Repatriation

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.

W. E. Proemer *Call name*

Station . . . *Hazleytown*

Date *8.14.19*

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 5381 Rank Plt. Name Lance Corporal

 Date of Enlistment 25-5-18 Address St. John's District Banquet

 Occupation Soldier Classification for Discharge 1 Medical Category H1

Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
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	256-1	" 6
B 179c	B 120	M 93		

 Date 7-7-19 O. C. Discharge Depot. Mr. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

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 _____

 Date 8-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. **R2361** to his home at **San Jose** and Release Certificate No. **3301** issued.

Date: **8-7-19** *J.A. Smead*
Demobilization Officer **2954**

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 **10000**

Date: **8-7-19** *J.A. Smead*
Depot Paymaster.

Discharge approved for **22-7-19**
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	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	256-1	" 6
B179c	B 120	M 93		

2 Form B

Date: **8-7-19** *J.A. Smead*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date: **JUL 22 1919**
J.R. Cooper Capt
for O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date: **July 21/19** *[Signature]*

Reg. No. *5381* Rank *4th* Name *Lane E*

Attested Address *Bees Islet*

Allotment..... Allottee

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

Returned on S S. *Lussandra* Cause *Discharge*

57 19
227 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION