



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4743 Name Wm. J. Lane Corps Mieth

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. William J. Lane
2. What is your full Address? ..... 2. Somerville B. Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 20 Years 4 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, William J. 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.

A William J. Lane SIGNATURE OF RECRUIT.  
26.4.18 Frank Jones Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William J. 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 duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 26 day of April 1918

Signature of Attesting Officer James Street

### †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 April 26 1918  
Place St. John's } 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 William P. Lane  
 Apparent age 20 years 4 months. Height 5 feet 3 3/4 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Lane  
Somerville B. 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>26-4-18</u>									
Joined at <u>St. John's</u> on <u>April 26-1918</u>									
<u>Discharged August 7-1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for B.C. 26-10-18</u>									
<u>Joined Battalion in the field 3-11-1918</u>									
<u>Admitted 25 St. John's Hospital Influenza 14-2-1919</u>									
<u>Admitted 25 St. John's Hospital 25-2-1919</u>									
<u>Admitted 3 St. John's Hospital 22-5-1919</u>									
<u>Admitted 24-6-1919</u>									
<u>Arrived Vancouver 1-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge)									
Pensions " " " " " "									

SEPARATION ALLOWANCE.

Claimant *Mrs Richard Lane* ..... *Mother* .....

On account of *W<sup>cm</sup> J Lane* ..... No. *4743* Rank. *Pte* .....

Decision.....  
.....  
.....  
.....

Date.....

Instructions.....  
.....  
.....

Allotment of *60* <sup>*¢*</sup> per day payable to *Mrs Richard Lane*  
his *Mother* from *1/6/18* to *7/8/19*.  
Discontinued on account of *being discharged*.

*R. J. Summers*

ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster  
Separation Allowance Branch  
St. John's, Nfld.

- (1) Name in full of soldier      Rank      Reg't or Unit      Reg't No.  
*William J. Lane*      *Private*      *4743*
- (2) Age of soldier      Married or single  
*22 yrs*      *single*
- (3) Name in full of mother      Age      Occupation      Permanent Address  
*Mrs Richard Lane*      *61*      *housekeeper*      *Summerville B.B.*
- (4) Give name of your husband      Age      Occupation      Where employed  
*Richard Lane*      *seventy years*      *was a fisherman*      *at home*
- (5) If your husband is not supporting you give the reason.  
*unable to work*
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue).  
*crippled from rheumatism*
- (7) If you are a widow, state date and place of death of your husband  
*at a widow*
- (8) Have you married again since death of above mentioned husband?  
*---*
- (9) Names of your other children.      Address in full      Age      Occupation, Married or single  
*Benjamin Lane*      *Summerville*      *16 yrs*      *fisherman married*
- (10) State amount earned by (a) Yourself      (b) Your husband  
*Nothing*  
*Nothing*
- (11) State amount and source of any other income  
*none*

(12) State value of real property belonging to you and your husband

*just our little dwelling house*

(13) State value of personal property belonging to you and your husband

(14) If husband is dead state value of real and personal property left by him

(15) Actual amount contributed by soldier during the year prior to his enlistment

*four or five hundred dollars*

(16) Was this amount contributed weekly or monthly

*monthly*

(17) Did this amount include payment of son's board, etc?

*no*

(18) State your son's trade or occupation prior to enlistment

*fisherman in summer and lumberman in winter*

(19) State amount of his wages per week

*fisherman not paid weekly*

(20) State name and address of his last employer

*Edward Humby Sec. May D.*

(21) State amount of monthly support from son since enlistment

*\$18. per month*

(22) State amount of allotment received by you from son since enlistment

*Two hundred and sixteen dollars*

(23) State from what date did you receive allotment?

(24) Actual amount contributed by other children

Weekly Monthly

*Nothing*

(25) Are any of these children in the employ of you or your husband?

*no*

(26) If not receiving support from other children, state cause. Explain fully.

*married with family*

(27) With whom are you residing at present?

*with my husband*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

*I needed it but did not think it would be granted*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

*None*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

*None*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

*No*

(32) In what capacity and in what place?

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

*Nothing*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under oath, and in virtue of the evidence Act.

Signature of Applicant-- *Mrs. Richard Lane*

Place of Residence-- *Summersville Bonaventure Bay*

Declared and subscribed before me at-- *Parsonstown* this *6<sup>th</sup>* day of *April* 1920

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

*Joliffe Quinlan  
Bar of Court*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee

*Mrs. Robert Jewell*

*W. Cole  
Aneth Minister  
Trinity*

C.R. 4743

Extract from Daily Orders Part II Unit The Royal Wfld.

Regt. St. John's, Aug. 16th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer 1/3 Records from 7-8-19.

4743 Pte. W.J. Lane.

C.R. 4743

Extract from Daily Orders Part 11 Unit The Royal Field. Regt.  
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot with effect from 24-7-19.

4743 Pte. W.J. Lane.



C.R. 4743

Extract from Medical Board held on July 7th. 1919.

At a Medical Board held on Saturday July 5th. the following were the findings.

4743 Pte. W. Lane

Recommended discharge from the Army

ADMISSION TO N. & M. CONVALESCENT HOSPITAL.

C.R. 4743

Extract from Casualties received from the  
Pay and Record Office, London dated 26/6/19.

The undermentioned was discharged from the 3rd.  
London General Hospital on 20-6-19 and granted  
furlough to 29-6-19. ~~xxxx~~ he reported at the  
Pay and Record Office and was repatriated per  
S.S. Cassandra from Glasgow on 24/6/19.

4743 Pte<sup>d</sup> W. Lane. I, Duty.

C.R. 4743

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

Date June 18th 1919.

4743, Pte. W. Lane.

Reported at Headquarters 1/6/19.  
which sailed Liverpool May 22/1919.

BE "Corsican"

C.R. 4743

Extract from Daily Orders Part 11 By Lt.Col. B.J. Barton,  
D.S.O., Commanding 2nd Battn. Royal Nfld. Regt. 2-6-19.

The following having reported back from Hospital is taken  
on the Strength and posted to "C" Company.

4783 Pte. W.Lane.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Rcd _____ By _____		Sent _____ by _____		DEPT OF MILITIA. Check

Dated  
 To

May 27th, 1919  
 Richard Lane Somerville BB

Regret to inform you Record Office, London officially reports No. ~~2222~~ 4743, Private William T. Lane at 3rd London General Hospital Wandsworth suffering from typhoid. Upon further information I shall immediately wire you and trust that next report will be of his *eo valescentis*

W.E. RENDALL LIEUT. COL  
 CHIEF STAFF OFFICER  
 FOR MINISTERS OF MILITIA

C.R. 4743

Extract from Telegram received from Synoptical.London  
May 26th, 1919

Typhoid 4743 Lane

C.R. 4743

Extract from Nominal Roll of Sick and wounded  
from the B.E.F., admitted 3rd. London General  
Hospital Wandsworth 23/5/19 from France.

4743

4743 Pte. W. Lane.

Typhoid.

C.R. 4743

APRIL 28th 19.

Mr. Richard Lane,

Summerville, via Charleston.

Dear Sir:

I am directed to acknowledge receipt of your telegram of the 28th instant, and in reply I may say that we have telegraphed the authorities on the other side requesting them to send your son home with the next Draft.

As far as we know at the present time the next draft leaves the otherside on May 20th, and you rest assured that he will <sup>leave</sup> ~~return~~ on that date.

Yours faithfully,

C.C.B.

Captain,  
Military Secretary.



## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

Check

No.

Place from

To

Summerville

via Charleston 28

Hon J R Bennett

APR 28 1919

KING'S WHARF

Min. of Militia

Please try get my son 4743  
 W. J. Lane home soon  
 as possible father sick  
 Richard Lane

C.R. 4743

Extract of Telegram from Military to Syn., London.  
dated April 28th 1919.

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Arrange repatriation #4743, Lane next draft (fisherman).

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# NEWFOUNDLAND POSTAL TELEGRAPHS.

CR 4743

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**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Dep. of Militia

Line Number	Red	By	Sent	by	Check

Dated April 14th 1919

To Mr. Richard Lane, Summerville B.B.

Regret to inform you that Record Office, London, officially reports **No. 4743, Private William J. Lane** at 25th General Hospital Hardeley April 6th removed ~~from dangerously ill list~~ from dangerously ill list

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

J.R. Bennett

Minister of Militia.

Chge Dept of Militia.

**FOR TYPEWRITER**

C.R. 4743

Extract from War Office List No. H.W. 3003

4743 Pte. W. Lane .

Enteric.

No Longer Dang. or Ser. Ill Gen. H. Rouen w/e 5th. April 1919.

C.R. 4743

Extract from telegram from Syn. to MIL. dated Apr. 4th. 1919.

Still dangerously ill March 31st., 4743 Lane.

**NEWFOUNDLAND POSTAL TELEGRAPHS.**

**Cable Connection with all the World**

CR 4743

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**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_

Address **Dept of Militia.**

Line Number	Recd	By	Sent	by	Cheek

**Dated** **March 29th, 1919**

**To** **Richard Lane, Summerville B.B.**

Regret to inform you that Record Office, London,  
officially reports **No. 4743, Private William J. Lane**  
**at 25th Stationary Hospital Rpuen March 24th still**  
**dangerously ill**

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

**J.R. Bennett**

Minister of Militia.

**FOR TYPEWRITER**

C.R. 4743

Extract of Telegram from Synoptical, London,  
to Military.

March 28th/19.

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No. 25 STATIONARY HOSPITAL  
ROUEN MARCH 24th STILL DAN-  
GEROUSLY ILL 4743 LANE.

\*\*\*\*\*

WOUNDED & SICK N.C.Os & MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 4743

PROGRESS REPORTS RECEIVED BY POST. IN CERTAIN CASES THE SAME INFORMATION OR A LATER REPORT MAY ALREADY HAVE BEEN RECEIVED BY TELEGRAM AND COMMUNICATED TO RECORD OFFICES. CARE SHOULD BE TAKEN TO CHECK THIS BEFORE NOTIFICATION



NEW ZEALAND CONTINGENT

LIST NO.H.W. 2975

4743 Pte. Lane W.

1/R.Hewfd.

Typhoid fever.....Dangerously ill in 25 sty.H.Rouen /E 24 Mar.19.  
& Pneu.

AUSTRALIAN IMPERIAL FORCE

LIST NO.H.W. 2975

17706 Pte. Smith H.W.M. A.M.C. 2/Aust Gen. H. Br.

Pneu.....Dangerously ill in 14 sty.H.Boulogne /E 24 Mar.19

346A

ROYAL ENGINEERS (TRANSPORTATION BRANCH)

LIST NO.H.W. 2975

207098 Spr. Wood H.

RE. ROD. Boulogne

Suspected.....Dangerously ill in 14 sty.H.Boulogne /E 24 Mar.19.  
Enteric.

NEW ZEALAND EXPEDITIONARY FORCE

LIST NO.H.W. 2975

74052 Pte. McIntyre

NZASC. att 1/bde.

Cerebro- .....Dangerously ill in 14 sty.H.Boulogne /E 24 Mar.19  
Spinal Meningitis.

NO. 1. RECORD OFFICE - YORK

LIST NO.H.W. 2975

40047 Pte. Willie M.

2/6 D.L.I.

Br. Pneu.....Dangerously ill (Condition same) in 35 Gen.H.  
Calais /E 24th Mar.19.



C.R. 4743

Extract from telegram received from Synoptical, London,  
Mar. 20/19.

Still dangerously ill Mar. 16th

4743 Lane.

C.R. 4743

Extract from War Office List. No. H.W. <sup>2956</sup>~~2596~~

4743 Pte. W. Lane.

Typhoid Fever & Pneumonia.

Dan. Ill in 25th. Sty H. Rouen W/E 16 March. 1919.

## NEWFOUNDLAND POSTAL TELEGRAPHS.



C.R. 4743

**Cable Connection with all the World**

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**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_ Dept. of Militia \_\_\_\_\_

Line Number	Red	By	Sent	by	Check

Dated

March 18th, 1919

To

Richard Lane, Summerville, B.B.

Regret to inform you that Record Office, London,  
officially reports. No. 4743, Private William

Lane still dangerously ill March 10th

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

J. R. Bennett

Chge. Dept of Militia. Minister of Militia.

**FOR TYPEWRITER**

C.R. 4743

## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. \_\_\_\_\_ Sent by Summitville Rec'd by \_\_\_\_\_ Check \_\_\_\_\_ No. \_\_\_\_\_Place from St. John'sTo J. R. Bennett

Please wire if any report  
 Connection of no 4743  
 ple rom J Lane  
 Richard Lane

C.R. 4743

Extract from Telegram from Syn. to Mil. dated Mar. 15th. 1919.

1

Still very dangerously ill March 10th. p 4743 Lane.

C.R. 4743

Extract from War Officer List No. H.W. 2918.

Dang. Ill in 25 Stat. Hosp. W/E. 3rd. March 1919.

#4743 Pte. W . Lane.

TYHOID FEVER ♦ PNEUMONIA.

C.R. 4743

Extract from telegram from syn to Mil. dated March 8th.  
1919.

25th., Stationary Hospital, Rouen, March 3rd., still  
dangerously ill, Typhoid Pneumonia, 4743 Lane

# NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. \_\_\_\_\_

C.R. 4743



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**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Feb. 28th, 1919**

To **Richard Lane, Summerville B.B.**

Regret to inform you that Record Office, London,  
officially reports **No. 4743, Private William J. Lane**  
**at 25th Stationary Hospital Rouen Feb. 25th suffering**  
**from paratyphoid and pneumonia**

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

**J.R. Bennett**

**Chge Dept of Militia.**

**Minister of Militia.**

**FOR TYPEWRITER**



C.R. 4743

Extract from Casualties received from Pay  
and Record Office, London dated 27 Feb. 1919.

The Officer Commanding, No. 25 Stationary Hospital  
Rouen, 25/2/19 telegraphs that the undermentioned  
is Dangerously Ill.

4743 Lane.

Typhoid Fever and Pneumonia.

C.R. 4743

Extract from War Office List No. P. 170636.

O. G. 25th. Sty. Hospital Rouen telegraphs 25th. Feb., 1919.

Typhoid Fever. & Pneumonia.

#4743 Pte. W. Lane.

DANGEROUSLY ILL.

C.R! 4743

Extract from War Office List No. H. A. 35189 .

Admitted 25 Stationary Hospital Rouen 24th. Feb. 1919.

4743 Dte. W. Lane

Susp. Enteric mild.

C.R. 4743

Extract from Telegram from Sinoptical. London, to Military,  
St. John's, dated February 20th., 1919.

6th. GENERAL HOSPITAL ROUEN FEBRUARY 18th. Seriously Ill

INFLUENZA

4743 Lane.

C.R. 4743

Extract from War Office List No. H. A., 34958

Admitted 6 Gen. Hospital Rouen 14th. February 1919.

#4743 Pte. W. Lane.

Influenza Severe.

C.R. 4743

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
by Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Batta. 3/11/18.

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

4743 Pte. W. Lane.

B Coy.

C.R. 4743

Extract from Serial 401 Re-inforcement Draft No. 55, Subscribed Folkestone  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazelley Barr Camp,  
to 1st Batta, Royal Newfoundland Regiment, B.N.F.

4743 Pte. Lane, W.T.

C.R. 4743

Extract from Daily Orders Part 11. from Unit The Royal Wfld.  
Regiment, St. John's, dated June 14th 1918.

4743 Pte W.J. Lane

Embarked for Overseas with draft ~~June 14th~~ 11-6-18



Extract from Daily Orders part 11, from Unit The  
Royal Wfid. Regt. St. John's, dated April 29, 1918.

#4743 Pte. W. Lane.

Attested for General Service with the Royal Wfid.  
Regt. from 26/4/18.

No. *4743* Name *Lane W.* Sqn., Batty., or Company *E* Corps **ROYAL NEWFOUNDLAND REG.** Date of enlistment *1891* Service or Proficiency Days *100*  
 Date of last entry in Company Conduct Sheet *1914* No. and date of last drunk *1914* Period not reckoning towards freedom from extra fine *1914* Sheet No. *1* Signature O.C. *[Signature]* Company, etc. *[Signature]* Character *[Signature]*

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

*C.R. 4743*

Army Form B. 122

(P.T.O.)

No. 4743 Name *W. Lane*

Sqn., Batty., or Company } "*B*" Corps } *Royal Newfoundland* } (Date of enlistment }  
*newfoundland*

G.C. Badges } Service or Proficiency Pay }  
*1st*

Date of last entry in Company Conduct Sheet }  
*1863*

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. *1*

Signature O.C. Company, etc. }  
*H. H. ...*

Character }

*Temporary Sheet*

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

Army Form B. 122

W Lane

C.R. 4743

~~W Lane~~



FORM K

NEWFOUNDLAND CONTINGENT  
 68, VICTORIA ST.  
 LONDON, S.W. 1  
 10 JUL 1918  
 PAY & RECORD OFFICE

No 4257 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Lane, Regl. No. 4743

hereby agree, until further notification by me, and in similar official form to make an Allotment of          Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4204	Mother	mes Richard (Mary) Lane	Somerville B B	
Total Allotment, \$				<u>60<sup>s</sup></u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]  
 Officer Commanding  
A Company  
St John's  
May 23<sup>rd</sup> 1918

(Sig.) W Lane  
 (Rank) Pte

No. 16255/1751.

N.F.P. /79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2nd Bn. Royal Nfld. Regt.,  
Winchester.

October 10th, 1918

Oct. 16<sup>th</sup> 1918

Subject: 4743, Pte. W.T. Lane.

With reference to the following telegram (8664 ) from the Hon. Minister of Militia, received

"pay to 4743, Pte. W.T. Lane, £4.2.0.

Draft £ 4.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

*J. Baitan* - LIEUT. COLONEL.  
COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. Batt'n  
Royal Newfoundland Regiment

Received the sum of £4-2-0

four pounds two shillings account of cable remittance from Newfoundland.

W T Lane

No. 4743 Rank Pte.

*A. O. Munnell Maj.*  
Chief Paymaster & O. i/c Records.

Witness  
*R. Manning*

By

To paymaster



Royal Air Force

58 Victoria St Regt

Please remit to me  
the sum of one pound  
on account of any  
Balance that may  
be due to me  
4943 pts W. Lane  
approved.

Registrar, P.A.  
3rd London General  
WINDSWORTH.

O.K.  
£1.0.0  
M.D.  
R-2236



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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.S.A. "Prisoners of War Fund" in quarterly instalments for the period of the year,  
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4743	Plt	Lane W.	£250	W. J. Lane

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

W. J. Lane

Date

July 1/18

Lane, W. J.

4743

Ray Sept.

August 5th 1919.

#4743, Pte. W.J.Lane,  
Summerville. B.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3513.

Yours truly,

Capt. -

Officer i/c Records.

RS/.



August 15, 1919

Mr. William J. Lane,  
Summerville, 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 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... *William J* ... 2. Surname... *Lane* .....

3. Rank... *Pte* ..... 4. Regtl. No... *4743* .....

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

6. Date of enlistment in the Regiment... *april 26/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *no* .....

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 field, if so, give dates and particulars of such service... *Overseas* .....

12. Give total length of time which you served on active service, whether in field, or Overseas... *Fifteen months* .....

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.

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

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?

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

19. Are you now serving in the RAAF? no If not give? - (a) Date of discharge July 27/19 (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, Belgium and 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.

Signature of Applicant: *William J Lane*  
 Place of Residence: *Sumnerville, Bonanza Row*  
 Declared before me at: *St Johns*  
 This *11<sup>th</sup>* day of *Jan* 19*19*....

Signature of Barrister of the *John McLaughlin*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *J.P.*

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



Oct. 2nd., 1913.

Lieut. C.C. Duley,  
Assistant Adjutant,  
Headquarters, Royal Hfld. Regt.

Dear Sir:-

I am in receipt of your letter  
of September, 25th., enclosing cheque for \$17.00  
for remittance to #5743 Pte. W. Lane.

Yours faithfully,

Capt. & Paymaster.

Summer bill

march 23

1920

10273

paymaster

Department of  
militia

on behalf of my son 4743

of J Lane

service in the Army, the only support  
I am sending for the papers to  
to see if I can get any of the  
separation blance paying to Depend<sup>ent</sup>

yours truly Mrs Richard Lane  
Age Sixty one year

Mrs Richard Lane

Summer bill

B B

of J L D

Army (matter)

March 27, 1920

Mrs. Richard Lane,  
Summerville,  
E.B.

Dear Madam:

With reference to your letter of March 23rd. I enclose form which kindly have completed in the presence of a Magistrate or a Justice of the Peace and return to this Office.

Yours truly,

Capt.  
For Paymaster

LM/Enc.

RECEIVED

C.R. 4743

FOR ISSUE OF RIBBAND OF VICTORY MEDAL 1914-1919.

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

NO. 4743. NAME *N. J. Lane*.....

DATE *March 23*.....  
PLACE *Summerville*.....

C.R. 4743

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 *W. J. Lane* .....

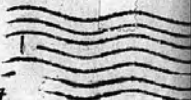
Date *30.11.19* .....

Place *Summer Hill* .....

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge



*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

Fold Here



OCT 5

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

**William T. Lane**

in respect of his service as No. **4743** Rank **Pte.**

Name **W.T. Lane**

**Royal Nfld. Regt.**

~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received \_\_\_\_\_

Signature William T Lane

Date Oct 14 / 21

Address Summerville BB

[P.T.O.]

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Sept. of Militia,

St. John's, Nfld.

---

Fold Here



July 9th., 1921

The accompanying King's Certificate, on his discharge,

(No. 1365), is forwarded herewith toPrivate William T. Lanein respect of his service as No. 4743 Rank Pvte.Name Wm. T. Lane Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

King's Certificate 1365

Signature

William T. Lane

Date

22. July 1921

Address

Summerhill  
Basseterre Bay

[P.T.O.]

Receipt for Army Book 64

No. 4743 Name W Lane

To certify that I have received the AB 64 of the above named soldier.

NAME Wm Lane

Date August 20<sup>th</sup> 1910

Place Summersville BB

5

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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4743 Rank Plt Name Lane B J  
 Date of Enlistment 26.4.18 Address Somerelle Bonaville District Bonaville  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanent unfit Disability Rating Total while in Hosp  
 Passed to Demobilization Officer with following documents:—

N.F. F36	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 10.7.19

O. C. Discharge Depot.

### 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 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82304 to his home at Southernville and Release Certificate No. 3407 issued.

Date 10-7-19

*J.A. Shawcraft*  
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 1-8-19

Date 10-7-19

*J.A. Shawcraft*  
Depot Paymaster.

Discharge approved for 29-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj38.	B 268.	B 121.	N.F. Med.	D.F. 1
F 178.	W 3494.	B 122.	Board 1st.	" 2
F 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.		

*2 Form B*

Date 10-7-19

*J.A. Shawcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date JUL 24 1919

*L.R. Cooper Capt.*  
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,

*W Lane*

Signature of Man.

*J. A. Knowlton*

Signature of the Vocational Officer or his Representative.

Reg. No. 4743

Place

*St Johns*

Date

*10-7-19*

191

# The Royal Newfoundland Regiment

4743

## DEMOBILIZATION OF

Reg. No. 4743 Rank Plt Name Lane W J  
 Date of Enlistment 26.4.18 Address Pomeroyville District Bonaville  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating Total whole int. 100  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1. D 400A	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 10.7.19

O. C. Discharge Depot

## PARTICULARS FOR DEMOBILIZATION

### i. Civil Re-Establishment.

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

*W Lane*

Particulars passed to Vocational Officer for information and action.

Date.....

CFC/PS 106

### a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 132304 to his home at Southernville and Release Certificate No. 3497 issued.

Date 10-7-19

*J.A. Snowcraft*  
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 7-8-19

Date 10-7-19

*J.A. Snowcraft*  
Depot Paymaster.

Discharge approved for

24-7-19

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
F 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 11-7-19

*J.A. Snowcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 24 1919**

Date .....

*K.P. Cooper Capt.*  
O. C. Discharge Depot.

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

Date Aug 11/19

Reg. No. 4743 Rank Y6 Name Lane W J

Attested        Address Sumnerville

Allotment        Allottee       

Date of Allotment        Returned from Overseas JUL 1 1919

Returned on S S Cassandra Cause Discharge

8.7.19 Rec. Discharge from the Army.  
Admission to R.M. Convalescent Hospital

~~RECEIVED~~ PASSED TO DEMOBILIZATION OFFICER

~~RECEIVED~~ DISCHARGE APPROVED ON DEMOBILISATION



May 7, 1920

Mrs. Richard Lane,  
Summerville, B.B.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to request that you kindly furnish me with Marriage Certificate of your son Benjamin, or else certified extract from Parish Register showing date of his marriage.

Also have your Doctor furnish me with the following information concerning your husband:

1. What is the nature of his incapacity?
2. From what date can it be considered to have been existent?
3. By what per-cent is his earning power reduced thereby?

Yours truly

Major

Paymaster.

Summersville  
May 12<sup>th</sup> / 20

To the Department of  
Military  
St Johns

Dear Sir's  
referring to your  
letter I have just  
received I am sorry  
But my Son's  
Certificate was burned  
when the Passengers  
was burned at-Charity  
about- 4 years ago

But we can at witness  
to show what time  
he was married he  
has 4 children he  
can give the Certificate  
of the youngest but  
the Certificate of the  
other three was burned  
owing to the ministers  
not having given them  
and as for my husband  
he has not earned  
a living for us this  
last three years my  
son William & all  
we have to trust to  
my doctor is 15 miles  
away & cannot

Get to him God knows  
I am telling the  
truth about him

I need the money  
as much as any one  
my husband is  
crippled and I am  
always sick myself

we done without him  
to help fight for his  
country although we were  
sick at the time

So now I think  
that is all I can

Say

Yours Sincerely  
Mary Lane

JMH/LM.

July 10, 1920

Mrs. Richard Lane,  
Summerville,  
S. C.

Dear Madam:

With further reference to your application for Separation Allowance and your letter of May 12th will you kindly state to me the date on which your son Benjamin was married, and I possibly may be able to verify same at the Office of the Registrar General here.

With regard to your husband's condition, I have been directed to state, that the Board of Review must have the information asked for in my letter of May 7th, before your application can be finally disposed of.

Yours truly,

Major  
Paymaster.

He has been to the  
Doctor he is too  
old for the Doctors  
to cure him.

As for my self I  
am not able to  
work

hoping you will

do what you can  
for me I am  
yours sincerely

May I come  
— —

Wilmington

16<sup>th</sup> Aug/20

Department of Militia

St Johns

Dear Sir

My son Benjamin  
was married in 1907  
22<sup>nd</sup> December; as to  
my Husband Complaint  
he had hussely  
three years ago and  
is right crippled he  
is of Puppard on  
both sides



## 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 *William Lane*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4743*

Intended address *Somerhill B. B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Richard*

Christian name of Mother *Mary Jane*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Somerhill 19-1- 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) *William Lane*

(Rank) *Pvt*

Station

**ST. JOHN'S.**

Date *July 5<sup>th</sup> 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

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



Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

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

STATEMENT OF CASE

Station... St. John's .....

Date... 5/7/19 .....

1. Unit Royal Newfoundland

5. Age last birthday 21.

2. Regimental No. 4743.

6. Enlisted on April 26/1918.

3. Rank Pte.

at St. John's.

4. Name Lane Wm.

7. Former trade or occupation Fisherman.

8. Disability

Typhoid.

9. History

States that contracted Enteric in France No 103 to substantiate same.

10. What is his present condition ?

Hands Blue Pales (This is the present case) Complaints of swelling of L. Leg after walk-  
ing some distance. (The clearer the case the less need be written. Read note f above)

Department of Mills, Newfoundland

Medical Report on an Invalid

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ?

.....  
.....

Signature (Sgd) J. ST. PETER

Rank or Qualification .....

.....  
.....

Remarks if any by Officer in Charge Hospital.

Place ..... Signature .....

Date ..... Rank .....



## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
 Erase inapplicable words

13. For pension purposes, the disability x May be considered as aggravated by:—  
 due to \_\_\_\_\_
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

Entered Hp. in France 18/Feb. came out 19/June. (Typhoid. Leg swelled before  
 leaving Hp. & has continued to swell. Now much larger than other leg.  
 Oedema below knee .

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 100%.

- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? Total while in Hp.

(State in percentage.)

Remarks if any :—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanitorium is:— (a) Reasonable (b) Unreasonable

Remarks if any :—

19. If fit subject for Hospital do you recommend admittance to General Hospital Yes.  
Naval and Military Convalescent Hospital.  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any :—

**N.S. FRASER.**

.....  
 President

**J.S. TAIT.**

Signatures .....

**L. PATERSON. MAJOR.**

Place ST. JOHN'S.

Date JULY 5/19.

APPROVED

Station .....

Date .....



**(SGD) CLUNY MACPHERSON. MAJOR.**

.....  
 Administrative Medical Officer.

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

# MEDICAL HISTORY

OF

Surname

*Lane*

Christian Name

*William J*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Somersville*

County

*Nfld*

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .....	on <i>26</i> day of <i>Apr</i> 191 <i>8</i>	on	day of	191
	at <i>S. Johns</i>	at		
Declared Age .....	<i>20</i> years	days	years	days
Trade or Occupation .....	<i>Fisherman</i>			
Height .....	<i>5</i> feet <i>5 3/4</i> inches		feet	inches
Weight .....	<i>140</i> lbs.		lbs.	lbs.
Chest Measurement {	Girth when fully expanded...	<i>37 1/2</i> inches		inches
	Range of Expansion...	<i>2 1/2</i> inches		inches
Physical Development .....				
Vaccination Marks {	Arm .....			
	Number .....			
When Vaccinated .....				
Vision .....	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</i>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection	<i>[Dotted area]</i>			
Approved by (Signature)	<i>Lambert Paterson</i>			
(Rank)				
Enlisted .....	at <i>S. Johns</i>	at		
	on <i>26</i> day of <i>Apr</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment .....	Corps	Regtl. No.	Corps	Regtl. No.
	<i>The Royal</i>	<i>47 of 3</i>		
Transferred to .....	<i>Nfld Regt</i>			
Became non-effective by .....				
	on	day of	191	on
				day of
				191
(Signature)				
(Rank)				



# 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. 4743.

Name ..... Lane Wm

Address ..... Summerville

Present Medical Category ..... F

Recommended for:— { (a) Immediate discharge .....

(b) Standing Medical Board.....

Members of Board

R.H. East Major  
O.C. Discharge Depot.

H. Peterson  
Senior Medical Officer

G. W. Berden  
M. O. Depot

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4743 Rank Pfc Name Lane W. J.  
 Intended place of residence Somerville Bonaville

2. Occupation Fisherman  
 Classification of soldier B Medical Category F

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 10 1919

J. News H.  
 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 10 1919

W. Lane  
 Signature of soldier

Alb. Bonston  
 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 10 1919

J. W. Lane  
 Signature of soldier

James O. Newman  
 Signature of witness  
 Spt.

### STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No. of days on Military  
 Discharged from service 24-7-19 Plus 14 days Service 469

### 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 24 1919

L. R. Cooper 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

Date August 7/1919

M. B. Cowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

Aug 13 20 7 91 3573

5  
31  
20  
31  
7  
4

Temporary

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY of

Surname

*Rane*

Christian Name

*W*

TABLE I.—General Table.

Birthplace	{ Parish _____ County _____	
Examined	on _____ day of _____ 191	{ at _____
	Declared Age _____ years _____ days.	
Trade or Occupation _____		
Height	_____ feet	_____ inches.
Weight	_____ lbs.	
Chest Measurement	{ Girth when fully Expanded _____	_____ inches.
	{ Range of Expansion _____	_____ inches.
Physical Development _____		
Vaccination Marks	{ Arm _____ RIGHT   _____ LEFT	{ Number _____   _____
	When Vaccinated _____	
Vision	{ R.E.—V = _____	{ L.E.—V = _____
	(a) Marks indicating congenital peculiarities or previous disease— _____ _____	
(b) Slight defects but not sufficient to cause rejection— _____ _____		
Approved by _____	Rank _____ Medical Officer.	

TABLE III.—Boards; Courts of Enquiry; Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature

TABLE IV.—Service Table.

	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Enlisted	{ at _____ on _____ day of _____ 191
Joined on enlistment	Corps <i>R. Suffolk Reg.</i> Regtl. No. <i>4743</i>
Transferred to	{ _____ _____
Became non-effective by _____	on _____ day of _____ 191
(Signature)	_____
(Rank)	_____



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet one

Forms  
B. 121.  
39.

Regiment of Royal Newfoundland

Signature of O. C. Company Wm Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1773 Lane. Coy J.</u>	Age on	<u>20</u> years <u>0</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns 26.11.18</u>	Religion <u>Method</u>	
Joined	Date	Period of } with Colours <u>10 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth <u>Somerville B Bay</u>		
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>7 1/2</u>			

To be carried over







11

Washington, D.C.

Dear Sir:

I am writing to you regarding the matter of the  
 ... I am not sure if I have been successful in  
 ... I have a few more questions regarding the  
 ... I would appreciate your assistance in this matter.

I am sure you will be able to help me with this.  
 ... I am looking forward to your response.  
 ... Thank you very much for your time and effort.

Sincerely,  
 ...  
 ...

COPY

September 14th., 1919.

Dear Sir:-

I am sending to say that I received the letter from the Director of Medical Services saying if I did not report immediately they would cut my pension, but it is impossible for me to report as my mother is very ill and my father is cripple and I have to look after them in so bad condition.

I will beg you to pardon me, and for my pension, if you think it is right to do so I cannot help it as I am needed too badly to come away from home. So do pardon me.

Yours truly,

(Sgd) W. T. LANE.

Somerville, B. B.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

ROYAL RECORD

September 11th., 1919.

To:- The Secty., B. P. C.

4743, Pte. Lane, W.

The enclosed copy of letter received from the marginally noted man - who is on the waiting list for Naval & Military Convalescent Hospital - is forwarded for your information and necessary action, please.

*A. W. B.*

AMB.

ENCLOSURE.

*Stop allowance until  
he is boarded*

*19/9/19*

*J.M.E.*

COPY

Somerville.

September 8th., 1919.

Dear Sir:-

I am sending to ask you if you please I would rather stay home than come to St. John's as my parents need me and I cannot go to Hospital, and as I am feeling very well now I would rather stay at home as I am the only son and my parents are in need of me, so I cannot come to St. John's so please let me stay at home with my people.

I remain,

Yours truly,

(Sgd) L. LANE.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

1936

	Date	Initials
	7. 10. 19	WMB

September 8th., 1919.

From:- D. M. S.  
To :- The Secty., B. P. C.

4743, Ex-Pte. Wm. Lane.  
Somerville, B. E.

The marginally noted man was given home leave to the 18th of July.

Please note correspondence in his case.

*Cluny Macpherson*

Lieut. Colonel.  
Director of Medical Services.

CM-AMB.

ENCLOSURE.

September 8th., 1919.

4745, Ex-Pte. Wm. Lane,  
Somerville, B. B.

Dear Sir:-

Your telegram of September 7th to hand. and it has been forwarded to the Board of Pension Commissioners.

Unless you report in at once for treatment it will be taken as a refusal to accept hospital treatment, and your pension cut accordingly.

Yours faithfully,

CW-AMB.

Lieut. Colonel.  
Director of Medical Services.



**NEWFOUNDLAND POSTAL TELEGRAPHS****Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

DIRECTOR MEDICAL SERVICES Address SAINT JOHN'S

Signature of Sender \_\_\_\_\_

Address \_\_\_\_\_

SAINT JOHN'S

Line Number	Red	By	Sent	by	Check

Dated SEPTEMBER 4TH., 1919.

To 4743 PTE. W. LANE, SOMERVILLE. B. B.

PLEASE REPORT IMMEDIATELY FOR ADMISSION CONVALESCENT  
HOSPITAL.

DIRECTOR MEDICAL SERVICES

**FOR TYPEWRITER**

THE BOARD OF PENSION COMMISSIONERS  
FOR NEWFOUNDLAND.

Pension No. 1936

Regtl. No. 1713 Rank Pvt Name W. M. Lane

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 5-7-19

Pensionable disability 100% for while in Hospital months

Pension granted: 50.00 per month for while in H months

or Gratuity granted: payable in equal monthly insts.

Granted to: Name W. M. Lane

Address \_\_\_\_\_

*Robert  
Gunn*

Date case disposed of \_\_\_\_\_

Approved by:

Members of Board *W. M. Lath* Chairman

*W. T. Bosson*

Remarks:

*llb*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

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

STATEMENT OF CASE

Station..... *St. Johns* .....

Date..... *6-7-19* .....

1. Unit *Royal Newfoundland*

5. Age last birthday *21*

2. Regimental No. *4743*

6. Enlisted on *26 April 1918*

3. Rank *Pte*

at *St. Johns*

4. Name *Lans W. ...*

7. Former trade or occupation *Fisherman*

8. Disability

*? Diphtheria*

9. History *State that he volunteered to enter in France. he had to substitute some.*

10. What is his present condition ?

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

Hand blue - pulse slightly raised  
Complain generally, sleep by other  
walking, some distance.

Department of Military Medicine  
Medical Department

Medical Report on an Inmate

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ?

F.

*[Faint signature]*

Signature

*[Handwritten signature]*

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

*[Faint handwritten notes at the bottom of the page]*

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x May be considered as ~~aggravated by~~ due to

(a) Service during this war. (b) ~~Climate~~ (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

*Entered Hospital in France 18th Feb. Came out 18th June  
(Typhoid) leg swelled before leaving Hospital & has  
continued to swell. Now much larger than other  
leg, oedema below knee*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 100%

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

*Total while in Hosp.*

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation in sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to General Hospital, Naval and Military Convalescent Hospital, Jensen Tuberculosis Camp. *Yes*

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any:—

*H. S. Case*  
.....  
President  
Signatures *J. D. ...*  
*J. D. ...*

Place *S. ...*

Date *July 3/19*

APPROVED

Station .....

Date .....



*Clay Macpherson*  
Administrative Medical Officer.



THE ROYAL NEWFOUNDLAND REGIMENT  
DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND,

July 10th, 19.....

From Officer Comanding,  
 Discharge Depot D.M.S.

~~XXXXXXXXXXXXXXXXXXXX~~  
 To Board of Pension Commissioners,  
 Militia Bldngg

4743 Pte Lane, W.

1936

Above noted man was before the Standing Medical Board  
 5-7-19 on and was recommended for discharge as perman-  
 adm. to N. & M. Conv. Hosp.  
 ently unfit and

His discharge on demobilization has been approved by the  
 Officer Commanding, effective from 24-7-19 and I am send-  
 ing him herewith for your attention and necessary action please.

Copy of his Medical Board will be forwarded you in due  
 course.

Copy to Board of Pensions. Commissioners.

H. M. [Signature]

ently unfit and

REG'T No.

4743

RANK

Private

H.Q. No.

SOLDIER'S NAME

Lane William

BLOCK No.

DATE PENSION COMMENCES

8-7-19

ANNUAL RATE

PERIOD

MONTHLY RATE

EXPIRES

AMT. PAYABLE

AUTHORIZED AMOUNT

BY

PENSIONER'S NAME

Lane William

\$50.00 per month while in Hospital

WIFE'S NAME

CHILDREN'S NAMES

## DEBITS

## CREDIT

TOTAL PAYMENTS

DATE

PERIOD

Dec.

ABSTRACT

## CHEQUE

SERIES

No.

MONTHLY PAYMENT

TOTAL AMOUNT PAID

AUTHORIZED AMOUNT

BALANCE DUE