

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 14030 Name Henry Lang Corps Mail

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

- |   |   |
|---|---|
| <p>1. What is your name? .....</p> <p>2. What is your full Address? .....</p> <p>3. Are you a British Subject? .....</p> <p>4. What is your age? .....</p> <p>5. What is your Trade or Calling? .....</p> <p>6. Are you Married? .....</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....</p> <p>8. Are you willing to be vaccinated or re-vaccinated? .....</p> <p>9. Are you willing to be enlisted for General Service? .....</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....</p> <p>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? .....</p> | <p>1. <u>Henry Lang</u></p> <p>2. <u>St. John's Newfoundland</u></p> <p>3. <u>No</u></p> <p>4. <u>19</u> Years <u>11</u> Months</p> <p>5. <u>fisherman</u></p> <p>6. <u>No</u></p> <p>7. <u>No</u></p> <p>8. <u>No</u></p> <p>9. <u>No</u></p> <p>10. { Name .....<br/>Corps .....</p> <p>11. <u>No</u></p> |
|---|---|

I, Henry Lang 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.

Henry Lang SIGNATURE OF RECRUIT.  
4. 27. 10. 17 Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this..... day of..... 191

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 complied with. I accordingly approve, and appoint him to the.....

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

Date..... 191

Place..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Frank Lang  
 Apparent age 16 years 1 months Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 5 inches

Distinctive marks \_\_\_\_\_  
 \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frank Lang  
Sproudale, Minn. Danf. | 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 _____									<div style="margin-bottom: 5px;">Joined at _____ on _____</div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Total Service forfeited as above _____									

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

4030



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4030 Name Henry Lang Corps Meik

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

- 1. What is your name? ..... 1. Henry Lang
- 2. What is your full Address? ..... } Springer, Pelly's Island
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 19 Years 1 Months
- 5. What is your Trade or Calling? ..... 5. Cook
- 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, Henry Lang, 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.

Henry Lang SIGNATURE OF RECRUIT.  
H. J. King Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Springer on this 29th day of Oct 1915.

H. J. King 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 complied with. I accordingly approve, and appoint him to the Meik.

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

Date 29th Oct 1915 } Approving Officer.  
Place Springer }

† 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 Henry Lang  
 Apparent age 18 years 1 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Arthur W. Lang  
Springdale, Penn 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>29-10-17</u>					Regt. Shoemaker 24-1-19.				
Joined at <u>S. S. S.</u> on <u>October 29-17</u>									
Discharged <u>July 14, 1919</u>									
Embarked <u>S. S. S. Missquabic</u> <u>11-12-17</u>					Embarked for <u>31 5/18</u>				
<u>S.S.S. 25-18</u> . Disembarked <u>France</u> <u>27-5-18</u>									
Admitted to <u>Gen Hosp</u> <u>House</u> <u>Influenza</u> <u>19-2-19</u>					Retained on <u>short leave</u> <u>from S.S.S.</u> <u>24 2/19</u>				
Retained on <u>short leave</u> <u>from S.S.S.</u> <u>24-19-18-4-19</u>									
Demobilized <u>22-5-19</u> . Arrives <u>home</u> <u>1-6-19</u>					Demobilized <u>S.S.S.</u> <u>14-7-19</u>				
Total Service forfeited as above.....									

Total Service towards Engagement to 14-7-19 (date of discharge) 1 years 259 days  
 " " Pensions " [ " " ] " " "

C.R. 4030

extract from daily orders part II Royal Newfoundland Regiment  
Despot St. John's dated 17-7-19.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c records from noted date

14-7-19.

4030, Pte. Henry Lang.

C.R. 4030

**Extract from Daily Orders Part 11 Unit The Royal Rifles,  
Regt. St. John's, June 19th, 1919.**

**The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 30-6-19.**

4030 Pte. Henry Lang.

C.R. 4030

Extract from Daily Orders Part A1 Depot, St. Johns,

Date

June 18th 1919.

4030, Pte. H. Lane.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4030

Extract from casualties from Pay & Record Office, London.  
dated April 22nd 1919.

The undermentioned, on leave from France for periods  
stated, is detained in the United Kingdom for re-  
patriation:

4030, Pte. H. Lang.

3-4-19 to 18-4-19.

Authority:

Telegram dated 15-4-19 (2880) from O.C. 1st Bn.



C.R. 4030

Extract of War Office List No. H.A. 35116 from  
Pay & Record Office, London, dated Feb. 28th/19.

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ADMITTED TO 6 GENERAL HOSPITAL ROUEN FEB.19th/19.

INFLUENZA SEVERE.

#4030 Pte. H. Laing.

C.R. 4030

Extract from War Office List No. H.A. 35229.

Bis. to Reinf ex 6 Gen. H. 24th., Feb. 1919 .

4030 Pte. H. Lang.

Laryngitis.

C.R. 4030

Extract from Nominal Roll of Rifle Regt, Draft No. 46  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone,  
25-5-18.

4030 Pte. H. Lang.

NEWFOUNDLAND CONTINGENT.

GP 4030

Extract of Nominal Roll of Draft No. 46,- 120 Other Ranks from 2nd. Bn., Winchester to 1st. Bn., The Royal Newfoundland Regiment, B.E.F. Embarked Folkestone, 26/3/18.

4030 Pte. H. Lang.

A.Ps. B. 203 (one for each soldier) sent to 3rd. Echelon, B.E.F.

C.R. 4030

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Florizel" Dec. 11, 1917.

#4030 PTE. H. LANG.

C.R. 4030

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt., St. John's, Oct. 29th, 1917.

4030 Pte. H. Lang.

Attested for General Service with the Nfld. Regt. with  
effect from Oct. 29th, 1917.

**C.R.**

No. *4050* Name *Pi Lang H.* Sqn., Batty., or Company } *B* Corps *Royal Newfd* Date of enlistment } *29.10.17* { A.C. Badges }  
Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } *H. M. Curran* } Service or Proficiency Pay } Character }

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.

Reg. No. 4030 Rank Plt Name Loaug. H.

Attested 29-10-17 Address Springdale Green Bay

Allotment 60<sup>0</sup> Allotee Wm. Loaug. Father

Date of Allotment 1-11-17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

		<i>Proc</i>	<i>29-10-17</i>	<i>2<sup>nd</sup></i>	<i>3-11-17</i>	<i>3<sup>rd</sup></i>	<i>8-11-17</i>	<i>Vac</i>	<i>10-11-17</i>
		<i>H.L.</i>	<i>1-12-17</i>	<i>to</i>	<i>5-12-17</i>	<i>Ret'd</i>	<i>7-12-17</i>		



Lang, H.

C.R. 4080

P. R. L.



FORM K

Nº 3774



1ST. NEWFOUNDLAND REGIMENT

**ALLOTMENTS**

I, Henry Lang, Regl. No. 4030

hereby agree, until further notification by me, and in similar official form to make an Allotment of          Dollars and          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 1-11-17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3094	Wife	Henry Lang	St. John's	60
			Total Allotment, \$	60

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

Sig.) Worley  
 Officer Commanding  
 Company  
9-11-17  
 1917

(Sig.) Henry Lang  
 (Rank) Private

4961

O/C. 1st Batt. R.Nfld.Regt.,  
B.E.F.

Pay & Record Office.

28th Mch 1919.

4030 PTE. H. LANG.

Reference reverse. Claim  
has been forwarded to the  
Minister of Militia for consider-  
ation, please.

Capt.  
Asst. Chief Paymaster.  
For Chief Paymaster & O.i/c.Recds.

WF/FK.

3515/241/P&A

SUSPENSE | CLEARED

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

From O/C 1st R.Nfld.Regt.,

O/C. 1st Bn. R.Nfld.Regt.,  
B.E.F.

To C.P. & O.i/c.Recds,  
London.

WF/FK.

Pay & Record Office.

12/3/19

4th March

4030 PTE. H. LANG.

SEPARATION ALLOE:  
4030 PTE.H.LONG.

Herewith N.F.P/82 duly  
completed, please.

9.  
with reference to your  
letter F.W.3, 28/2/19 (1829):  
N.F.P/82 (Claim for Separation  
Allowance) is enclosed for com-  
pletion and return, please.

Please state if this form  
is sufficient to get this  
allowance from the time of  
enlistment.

(Signed A.S.Newman, Capt. for  
O/C. 1st B/R.Nfld.Regt. Lt. Col.  
Asst. Paymaster.  
For Chief Paymaster & O.i/c.Recds.

**MEMORANDUM.**

From

R. H. B. B.

Date

28-2-1919

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.  
NEWFOUNDLAND CONTINGENT.  
58, VICTORIA STREET,  
LONDON, S.W.1.  
ENGLAND.

4030 Pte H. Long.

The above soldier has been the sole support of his brother (12 yrs) & sister for eight months. He is making an allotment of 60cts per day to his sister Lucy Long, Pilleip Island. He wishes to make application for separation allowance. Will you forward the necessary forms please.

NEWFOUNDLAND CONTINGENT  
PAYMASTER & OFFICER IN CHARGE RECORDS.  
3 MAR 1919  
1899

Ref. Res. 001 3515/24

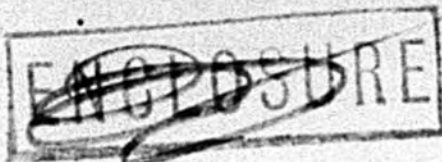
W. Waterman Lt.

1ST BN ROYAL NEWFOUNDLAND REGIMENT.

28/2/19

FW-3

4969/86/P&A



The Hon. the Minister of Militia,

St. John's.

28th March

9.

Newfoundland

4030 Pte. H. Lang

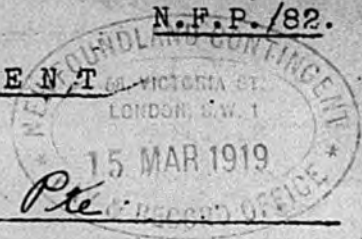
N.F.P./82 (Claim for Separation Allowance) relating  
to the above named soldier.

BC

NEWFOUNDLAND CONTINGENT

N.F.P./82.

SEPARATION ALLOWANCE



1. Regimental No. and Rank	4030	Pte.
Name (in full)	Henry Leary	
Date of Enlistment	29 Oct 1917.	
Unit	1st Royal Newfoundland Regt.	
2. Name(s) of Dependent(s) (in full)	Lucy Leary	Sister
Relationship	Blanche Leary	Sister
	Joseph Leary	Brother
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Pelley's Island, Notre Dame Bay { Not known with whom these children live at present, but above address will find them }	
3. Ages of Children:	17 years	} respectively.
Girls under 17 years	13 "	
Boys " 16 "	12 "	
4. Children's Guardian	Not known.	
Address		
5. Particulars of Allotment	\$ 60 cents per day in favour	
Allottee	of Miss Lucy Leary	
Address	Pelley's Island, S.B.	
Date effective from	29/10/17. <span style="float:right">fld.</span>	
6. Date of Marriage.	Single.	
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	No.	
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No.	



9. Name and address of your last Employer.	Self. (Fisherman).
10. The amount of your salary or wages immediately prior to Enlistment.	\$400 annually (approx.)
11. Are your wages or any portion being paid by your employer during your absence?	no.
12. If paid, what is the amount per month?	—
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	—

I CERTIFY that the above is a true statement

N. Lang

H. W. W.

Signature of Officer forwarding this Application.

Unit 1st Royal Newfoundland Regt. 6th Troop. Capt  
 Date 11/3/19.

FOR COMPLETION AT THE PAY & RECORD OFFICE.

11. Date Marriage Certificate examined \_\_\_\_\_

12. Date Birth Certificates (in case of children) examined \_\_\_\_\_

13. If Soldier is sole support, does Statutory Declaration accompany this Application? \_\_\_\_\_

I CERTIFY that the above is a true statement

No. 4969/86/P&A.

~~NEWFOUNDLAND CONTINGENT~~

~~ENCLOSURE~~  
N.F.P./55.

To: The Hon. the Minister of Militia,

St. John's.

Posted.....

Pay & Record Office,  
58, Victoria Street,  
London S.W. 1,

**28th March 1919.**

Newfoundland

Reference: 4050 Pte. H.Lang

Herewith N.F.P./82 (Claim for Separation Allowance) relating  
to the above named soldier.

Please acknowledge receipt hereon.

(Sig.) \_\_\_\_\_

(Date) \_\_\_\_\_

*[Signature]*  
for Chief Paymaster & Officer Records.

BC

4030

Private

Name (in full)

Henry Lang

Date of Enlistment

29th Oct 1917

Unit

1st. Royal Newfoundland Regiment.

DUPLICATE MAIL COPY (Posted)

2. Name(s) of dependent(s)

Lucy Lang

Sister

Blanche Lang

Sister

Joseph Lang

Brother.

Relationship

Address

(If allowance is claimed for children, name and address of person with whom they reside should be stated)

Pelley's Island; Notre Dame Bay.

Not known with whom these children live at present, but above address will find them.

3. Ages of Children:

Girls under 17 years

17 years

Boys " " "

13

12

Respectively

4. Children's Guardian

Not known

Address

5. Particulars of Allotment

Allottee

\* 60 cents per day in favour

Address

of Miss Lucy Lang

Date effective from

Pelley's Island, N.D.B. NFLD.

29/10/17

6. Date of Marriage

Single

7. Have you made previous claim, for Separation Allowance? If so, state particulars.

No.

8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?

No.

9. Name and address of your last Employer.	Self (Fisherman)
10. The amount of your salary or wages immediately prior to Enlistment.	\$400 annually (approx)
11. Are your wages or any portion being paid by your employer during your absence?	No.
12. If paid, what is the amount per month?	----
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	----

I CERTIFY that the above is a true statement.

(Signed) H. Lang

Signature of Officer forwarding this Application

Unit 1st Royal Newfoundland Regt., C.S. Frost Capt.

Date 11/3/19

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined \_\_\_\_\_

Date Birth Certificates (in case of children) examined \_\_\_\_\_

If Soldier is sole support, does Statutory Declaration accompany this Application? \_\_\_\_\_

No. 4030 Rank Pte

Name Lang N

Pay	F.A.	Went	Total
100	10		110
Less Allowance			60
Net Rate			50

CM

DEBITS	Date	£ s d			CREDITS	Period From To	Days	Rate	Total	Total
Balance					Balance 20/12/18				9 6 3	
Acquittance Rolls		6	5	2	Pay @ Net Rate	21/12/18	105	50	5250	10 15 9
Hospital Advances					R. Allee		14	119		1 4 6
A.B. 64.65 <u>Graves</u>		2	9	10						
" <u>5</u> "			3	10						
P.&R.O. Payments					Cor Bal £121 6					
					" " <del>£127 8</del>	5/4/19	14	50	7.00	1 8 9
					cash R 1921	4/4/19				0 0
					cash Receipts 2055	18 <sup>4</sup> / <sub>19</sub>				20 18 10
					Cor Bal					1 16 5

£ 8 18/10

CM 4-4-19

£21-6-6

£22-15-3

MEMORANDUM CONTINGENT

H.M. Stationery Office: Crown Copyright. Price 11s. 6d. (1918)

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*
2. Regtl. No. *4030* 3. Rank..... *Pte*
4. Name *Lang* *St*  
(Surname) (Christian Names)
5. Age last birthday..... *21*
6. Posted for duty on *29/12/17* at *St John's*  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman.*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

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 .. .. .                        | } na.               | .....             |
| (ii.) Previous active service.. .. .                               |                     | .....             |
| (iii.) Climate in pre-war service .. .. .                          |                     | .....             |
| (iv.) Ordinary military service before the war .. .. .             |                     | .....             |
| (v.) Serious negligence or misconduct on the }<br>man's part. .... |                     | .....             |

14 (a): If not due to any of these causes, to what specific condition do you attribute it? } na.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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.)

na.  
He complains of no disability

16. Was an operation performed? If so, when and what was its nature?

na.

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

na.

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na.

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

W. E. Procunier

Captain Name

Medical Officer in charge of case.

Station Hazley Down

Date 30/11/19

\* 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

Lang, A

4030

Ray Sept.

5



July 14, 1919

#4030 Pta Henry Lang,

Pilley's Island.

Dear Sir:-

Please find enclosed Discharge Certificate #2997.

Yours truly

Captain  
Paymaster & O.i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4030 Rank PL Name Lang Henry  
 Intended place of residence Pullaps Rd  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A<sup>1</sup>

3. The above named man is discharged in consequence of DEMOBILIZATION.

**Eligible for War Service Gratuity**

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

Place ST. JOHN'S  
 Date JUN 16 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S  
JUN 16 1919  
 Signature of soldier H Lang  
 Signature of witness J. P. Snow Capt.

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S  
JUN 16 1919  
 Signature of soldier H Lang  
 Signature of witness W. J. Beaton Quor

### STATEMENT OF SERVICE

7. Enlisted for service 29-10-17 No of days on Military  
 Discharged from service 30-6-19 PLUS 14 DAYS Service 624

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 30 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
 Date July 14 1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*27/22079/2997*

# The Royal Newfoundland Regiment

Class for Demobilization:

*T. G.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*16.6.19*

Regimental No *4030*

Name

*Lane, Henry*

Rank

*Pvt*

Address

*Pillars Island*

Present Medical Category

*Ai*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R. H. Lant Major*  
O.C. Discharge Depot

*P. Paterson*  
Senior Medical Officer

*S. W. Borden*  
~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No 4030 Rank Plt Name Lance Henry  
 Date of Enlistment 29.10.17 Address St. John's District S. Gale  
 Occupation Postman Classification for Discharge 14 Medical Category H.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 16.6.19 O. C. Discharge Depot. H. H. 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 new cap

Date 16-6-19 O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1822 to his home at Phillips Field and Release Certificate No. 2844 issued.

Date 16-6-19 *J.A. Knowlton*  
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 14-7-19

Date 16-6-19 *H. H. ...*  
Depot Paymaster.

Discharge approved for 30-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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
B179c	B 120	M 93		

*2 Form B*

Date 16-6-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUN 30 1919**

Date *R.H. ...*  
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.

*H. Lantry*

Signature of Man.

*J. A. Snowcroft*  
Signature of the Vocational Officer or his Representative.

Reg. No. *4030*

Place *St Johns*

Date *16-6-19*

191

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

# MEDICAL HISTORY

OF

Surname Lang

Christian Name Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish Pilly's Island County Nfcs

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	29	Oct. 1917		191
	at	St. John's	at	
Declared Age	19	years		days
Trade or Occupation	fisherman			
Height	5	feet 7 inches		
Weight		131 lbs.		
Chest Measurement	Girth when fully expanded... 25 1/2 inches			
	Range of Expansion... 3 1/2 inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/10	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James Paterson</u>			
(Rank)	major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's	at	
	on	29 day of Oct. 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Transferred to	1st Nfld Regt 4030			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

**Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.**

Date	Brief Details, and Signature
10-11-17	Vacc 20
29-10-17	T.A.B. 20
4-11-17	" 20
8-11-17	3 20
<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>6</u> for discharge on Demobilisation. Medical category <u>MT</u></i></p> <p><i>6.6.19</i> Date of T.M.B. <u>H. Mews</u></p>	

**Table IV.—SERVICE TABLE.**

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation





## 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. & 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 ~~4030~~ *Henry Lang*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *4030*  
 Intended address *Pelley Island*  
 Height on discharge *5* Feet *6*  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge *Medium*  
 Christian name of Father \_\_\_\_\_  
 Christian name of Mother \_\_\_\_\_  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_  
 Place and date of soldier's birth *Pelley Island. 27<sup>th</sup> Sept. 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) *Henry Lang* *pte*  
(Rank)

Station \_\_\_\_\_ Date *16/6/19*

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

Station \_\_\_\_\_ Date \_\_\_\_\_



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 Regt.* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4080* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Lang H.* }  
 (Surname) (Christian Names)
5. Age last birthday... *21*
6. Posted for duty on *29. 10. 17* at *St. John* in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
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.*  
*nil.*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war .. .. .

(ii.) Previous active service.. .. .

(iii.) Climate in pre-war service .. .. .

(iv.) Ordinary military service before the war .. .. .

(v.) Serious negligence or misconduct on the man's part. } .. .. .

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

*no*

*The Complaints 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?

*no*

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

*no*

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

*no*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*no*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Re-patriation*

*Sept 16 E. P. ...  
1. J. M. Capt. ...*

Station *Bozaly, Dawa*

Date *30/4/19*

Medical Officer in charge of case.

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

**Casualty Form - Active Service.**

Regiment or Corps *21. Royal Newfoundland*  
 Rank *Pte* Surname *Lang* Christian Name *Henry*  
 Religion *Meth* Age on Enlistment *19* years *1* months  
 Enlisted (a) *29.10.17* Terms of Service (a) *Duration* Service reckons from (a) *29.10.17*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 of Corps Trade and rate *5* *MAY 1918*  
 Occupation *Fisherman* *J. M. Cullen* Signature of Officer



Report		Record of promotions, reductions, transfers, casualties, &c. during active service as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked ... <i>25.5.18</i>		
			Disembarked ... <i>27.7.18</i>		
			Joined Base ... <i>31.5.18</i>		
	<i>6 Gen. H.</i>	<i>Appointed Regt. Quartermaster. 24/1/15</i>			<i>B213 1/2/15</i>
		<i>Adm' 2 Flw rev 19.2.15</i>			<i>140.3516</i>
		<i>Discharged 70p. 25/2/15</i>			<i>B213</i>
		<i>Granted leave to UK 3/4/19 to 19/4/19</i>			<i>B213</i>
		<i>Retained in Eng for Desobedience.</i>			<i>B213</i>
		<i>Jmt</i>			
					<i>Wookhi</i> Captain for Officer i/c Infantry Section No. 1 G.H.Q. 3rd Division

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller. Shoeing. Smith, &c.

The Royal Wld. Regiment

DEMOBILIZATION

No. 4030 Rank \_\_\_\_\_

Name Lucy N

Warned for demobilization on

JUN 16 19

SEPARATION ALLOWANCE.

Claimant *Lucy Judge (Lang)* State *Miss.*  
On account of *Henry alias Lang* No. *4030* Rank *Pvt.*

Decision *Refused*

Date *Jan 8/1920*  
*W. J. Remdee Lieut. Col.*  
*M. Bowley Major*

Instructions

Allotment of *60<sup>4</sup>* per day payable to *William Lang*  
his *rather* from *1/11/17* to *11/17/19*  
Discontinued on account of *being sick*  
*L. C. S. Sgt.*

3772

Gilley's Island  
Nov. 7<sup>th</sup> 1919

Dear Sir:-

This application was not attended to, owing to the loss of education.

Our new man has brother Henry is home from the fishery, after having in presented to ~~the~~ him by her, she brings it to me.

However, this is a correct statement as far as is strictly possible to obtain.

Hoping this will meet with your immediate attention.

I am,

Yours Most Respectfully  
E. W. Bouleau,

J. M. Howley, Esq.,  
Capt. & Paymaster  
Dept. Militia.  
St. Johns.

(SISTER)

NEWFOUNDLAND CONTINGENT.

SEPARATION ALLOWANCE BRANCH  
(Information for Board of Review)

NOTICE.

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 Newfoundland.

1. Name in full of Soldier, Rank, Reg't. or Unit, Reg't. No.  
*Henry Rhodes Long* *W/ser.* *4030*

2. Age of Soldier, Married or Single.  
*31* *Singles*

3. Name in full of sister of Soldier, Age, Occupation, Permanent Address.  
*Lucy* *23* *Housewife* *Brighton, Nfld.*

4. Give name of Father and Mother, Age, Occupation, Permanent Address.  
*William* *—* *—* *Both Dead.*

5. Names of other Brothers and Sisters, Address in Full, Age, Occupation, Married or Single.  
*Joseph Edward* *Brighton* *15* *School boy* *—*  
*Mary Elizabeth* *100* *2* *—* *Singles*

6. State amount earned by you per month.  
*none, Husband earns about \$200.00 per year*

7. Are you a chronic invalid and incapacitated? State nature of illness. (Medical certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue.)  
*no*

8. State amount and source of any other income.  
*Husband's money, \$200.00 per year*

9. What is the value of your (A) real property, (B) personal property?  
*\$150.*  
*\$75.*

10. Are you married?  
*yes*

11. State actual amount contributed by soldier during the year prior to enlistment.  
*\$70.00/100*

12. Was this amount contributed weekly or monthly?  
*weekly*

13. Did this amount include payment of Brother's Board &c.?  
*no.*

14. State your brother's trade or occupation prior to enlistment.  
*Fisherman*

15. With whom are you residing at present?  
*Mr Owen 4092 Brighton, Nfld.*



- 16. State amount of his wages per week. \$ 8<sup>00</sup>..
- 17. State name and address of his last employer. Mr Wm Fudge Little Beach. French St.
- 18. State amount of support monthly from brother since enlistment. About \$ 300. <sup>00</sup>/<sub>100</sub>
- 19. State amount of "Alloiment" received by you from brother monthly. \$ 18. <sup>00</sup>/<sub>100</sub>
- 20. From what date have you received Alloiment.
- 21. Actual amount contributed by other Brothers and Sisters. } Weekly Monthly.
- 22. If not receiving support from other brothers and sisters, state cause. Because they are not old enough to work.
- 23. Have you made previous choice for Separation Allowance, if not, why? Give particulars. No, because I did not understand the full of information.
- 24. Was the soldier at the time of his enlistment an employee of the Nfld. Government? No.
- 25. In what capacity and in what place. \_\_\_\_\_
- 26. Is he in receipt of a salary as such while serving in the Nfld. Regiment, if so, how much. None
- 27. Are you already in receipt of Separation Allowance from any source? If so, how much? None
- 28. Are you in receipt of Payment from any Patriotic Fund? If so, how much? None

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, Lucy Fudge (Lang)  
 Place and Residence, Brighton, via Ingon, N. Bay, Nfld.  
 Declared and subscribed before me at Pilley's Island  
 this Seventh day of November, 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } Ernest W. Mouloud, Clergyman

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 enquiry, the above statements are correct, and the Soldier above mentioned is the sole support of the applicant.

Signature of Clergyman, Ernest W. Mouloud  
 Signature of Member of Patriotic Fund Committee, \_\_\_\_\_

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

3774

1. Regimental No. and Rank	4030	Private.
Name (in full)	Henry Lang.	
Date of Enlistment	29th Oct. 1917	
Unit	1st. Royal Newfoundland Regiment.	
2. Name(s) of Dependent(s) (in full)	Lucy Lang	Sister.
Relationship	Blanche Lang	Sister.
	Joseph Lang	Brother.
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Pelley's Island; Notre Dame Bay. Not known with whom these children live at present, but above address will find them.	
3. Ages of Children:	17 years )	) Respectively
Girls under 17 years	13 " )	
Boys " 16 "	12 " )	
4. Children's Guardian	Not known.	
Address		
5. Particulars of Allotment	\$ 60 cents per day in favour	
Allottee	of Miss Lucy Lang,	
Address	Pelley's Island, N.D.B. N.F.L.D.	
Date effective from	29/10/17	
6. Date of Marriage	Single	
7. Have you made previous claim, for Separation Allowance? If so state particulars.	No.	
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No.	

*Handwritten notes:*  
 Allotment for 60 cents per day commencing 29/10/17  
 per [signature]

9. Name and address of your last Employer.	Self (Fisherman)
10. The amount of your salary or wages immediately prior to Enlistment.	\$400 annually (approx)
11. Are your wages or any portion being paid by your employer during your absence?	No.
12. If paid, what is the amount per month?	-----
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

(Signed) H. Lang

Signature of Officer forwarding this Application.

Unit 1st. Royal Newfoundland Regt., C.S. Frost Capt.

Date 11/3/19

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined \_\_\_\_\_

Date Birth Certificates (in case of children) examined \_\_\_\_\_

If Soldier is sole support, does Statutory Declaration accompany this Application? \_\_\_\_\_

July 18, 1919

Miss Lucy Lang,

Pilley's Island, N.D.B.

Dear Miss Lang:-

An application has been made by your Brother to have Separation Allowance issued on behalf of you and your Brother and Sister. Will you kindly, therefore, have the enclosed FORM completed before a Magistrate or a Justice of the Peace, and return same to me at your earliest convenience.

Yours truly

Captain & Paymaster.

Jan.17/'20

Mrs. Lucy<sup>e</sup> Fudge,  
Brighton. N. D. B.

Dear Madam:-

Referring to your application for Separation Allowance on account of your brother, I have been directed to inform you that same cannot be granted to you. It is not shown in what way you are dependent upon your brother, as you apparently have a husband to support you.

Yours truly,

Major

Kaymaster.

July 16, 1919

#4030 Pte. Henry Lang,

Pilly's Island, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00), being amount of first payment due you  
on account of the War Service Gratuity.

Yours truly

Captain & Paymaster

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..... *H*..... 2. Surname..... *Lang*.....  
3. Rank..... *Pvt*..... 4. Regtl. No..... *4030*.....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Piccola Island N. D. B*.....  
.....  
6. Date of enlistment in the Regiment..... *Oct 22 1917*.....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
..... *not applicable*.....  
8. Relationship of such dependent..... *Do*.....  
9. Address in full of such dependents..... *Do*.....  
.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier..... *No*.....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*.....  
.....  
.....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twenty months and eight days*..... *1 1/2*.....

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

..... *Not applicable* .....

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

..... *# 88.60* ..... *Cashier, Etc* .....

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

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

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

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

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

19. Are you now serving in the Regt.?..... *no* ..... If not give? - (a) date of discharge..... *June 30/19* (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: *H Jony*  
 Place of Residence: *Pieken's Island. N. D. K.*  
 Declared before me at: *St John's*  
 This *16<sup>th</sup>* day of *June* 191*9*.....

*John McCaffrey*

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

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Henry Lang , Regl. No. H030

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
        Dollars and         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 1-11-17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3094	father	W Lang	St. Johns St.	60
Total Allotment, \$				60

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  
[Signature] Company  
9-11-17  
 191

(S) Henry Lang  
 (Rank) [Signature]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Number of Sheet one

Regiment of 1<sup>st</sup> Newfoundland

Signature of O. C. Company W. H. H. H.

Regimental No. and Name	
No. <u>4030</u>	<u>Lang Henry</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on <u>19</u> years <u>1</u> months	
Place and Date of Enlistment	<u>St John 29-10-17</u>
Period of	with Colours <u>259</u> years. with Reserve <u>365</u> years.

Trade <u>Fisher</u>
Religion <u>Cath</u>
Place of Birth

Good Conduct Badges, Service pay or proficiency pay

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
<p style="font-size: 2em; font-family: cursive;">Demobilized St. John's 14 19</p>									
<p>To be carried over.</p>									

24030

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4030 Rank Plt Name Lang Henry  
 Date of Enlistment 29-10-17 Address St. John's District St. John's  
 Occupation Seaman Classification for Discharge F 1 Medical Category H 1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 16-6-19

O. C. Discharge Depot. H. Mans

## 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 16-6-19

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 60.00

(b) Clothing Supplied new cap

Date 16-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R.1822 to his home at Pellys Field and Release Certificate No. 2844 issued.

Date

16-6-19

*J.A. Snowball*  
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

11-1-19

*J.A. Snowball*  
Depot Paymaster.

Discharge approved for

30-6-19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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
B179c	B 120	M 93.		

*2 Form B*

Date

16-6-19

*J.A. Snowball*  
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**

**JUN 30 1919**

Date

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

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

Date

June 30/19

*J.A. Snowball*  
Port of Records



DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

P.A.

OTTAWA 4, ONTARIO.  
Date JULY 8, 1966.

Attention of

NAME LANG Henry Charles.

SERVICE 4030 ROYAL Nfld C.P.C. No.  
NUMBER REGT. W.V.A. No. 229549

NAVY  
ARMY X  
R.C.A.F.

The DEPARTMENT has received information from

MRS. LEAH LANG, STEPHENVILLE Nfld, JUNE 29, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death JUNE 25, 1966.  
Cause of Death  
Place of Death NOT STATED.

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~XXX~~  
~~XXX~~  
H.O.

} Destroy form if advice of death already received.

DO Nfld

E.C. Richards  
for  
Chief, Central Registry