



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5503 Name Caleb Legge Corps C of E.

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Caleb Legge</u> .....           |
| 2. What is your full Address? .....  | 2. <u>Hearts Delight St. B.</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                   |
| 4. What is your age? .....   | 4. <u>23</u> Years .....              |
| 5. What is your Trade or Calling? .....  | 5. <u>Sailor</u> .....                |
| 6. Are you Married? .....  | 6. <u>no</u> .....                    |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u> .....                    |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                   |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                        |
|  | Corps .....                           |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u> .....                  |

I, Caleb Legge 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.

Caleb Legge SIGNATURE OF RECRUIT.  
Pte R. H. W. Signature of Witness.

Caleb Legge OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 29 day of May 1918.

C. S. Dicks Lieut. 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 ..... 1918 } Approving Officer.  
 Place .....

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5503

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

Name Caleb Legge  
 Apparent age 23 years 0 months Height 5 feet 8 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Legge  
Heath Delight | Relationship Father  
LB, 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>129-5-18</u>									
Joined at <u>Alphas</u> on <u>Monday 29-1918</u>									
<u>Discharged August 5-1919</u>									
<u>Embarked Alphas S.S. Colombia to Halifax 22-7-18</u>									
<u>Embarked for B.C. 22-11-18 disembarked same 25-11-18</u>									
<u>Joined Battalion 5-19 transferred from Queen 25-7-19 Arrived Vancouver 29-7-19</u>									
<u>App'd for demobilization 27-6-19 Arrived Lf's 1-8-1919</u>									
<u>Demobilization Alphas 3-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 (date of discharge) 1 years 69 days  
 " " Pensions " [ " " ] " " " "

C.R. 5503

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from 5-8-19.

5503, Pte. C. Legge.

C.R. 5503

Extract from Daily orders Part 11 Unit The Royal WFLD.  
Regt. St. John's, July 12th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by C. C. Discharge Depot with effect from 22-5-19.

5503 Pte. C. Legge.



CR. 5503

Extract from Daily Orders Part 11 by Lt. Col. B.J. Barton, D.S.  
Commanding 2nd Bn. Royal Wfld. Regt. 2-6-19

The following having reported from <sup>Retention</sup> ~~1st Bn.~~ is taken on the  
Strength and posted to "G" Company as from 1-6-19.

5503 Pte. C. Legge

CR: 5563

Extract from Daily Orders War Office Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5503 Pte. I.C. Legge.

Reported at Headquarters 1-7-19 on "Cassanfra" which  
sailed Glasgow June 24th, 1919.

C.R.

5503

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

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5503 Pte. C. Legge.

C.R. 5503

Extract from Nominal Roll of draft No. 56 from the 2nd.,  
Battalion of the Regiment Winchester to the 1st., Bt.  
P. E. F. Embarked Southampton 23/11/18.

#5503 Pte. C. Legge.

C.R.

5503

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

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

#5503 Pte. Cabot Legge.

C.R.

5503

Extract from Daily Orders part 11, from Uni The Royal  
Nfld. Regt. St. John's, dated May 30, 1918.

#5503 Pte. C. Legge.

Attested for General Service with the Royal Nfld. Regt.  
from 29.5.18



C. Legge

C.R.

5503

~~1190~~





049924  
193  
No. 17757/1925

NEWFOUNDLAND CONTINGENT



From:

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

To:

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

2nd November 1918

Subject: 5503, Pte. C. Legge,

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

5503, Pte. C. Legge £5:3:0

Draft £ 5:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Minnell Maj.*  
Chief Paymaster & O. 1/c Records.

Nov 6 1918  
Receipt hereunder

*Chas. J. ...*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2<sup>nd</sup> Batt'n,  
Royal Newfoundland Regiment.

Received the sum of Five  
pounds three shon on account of  
cable remittance from Newfoundland.

*C. Legge*  
No. 5503 Rank Private

Witness *A. L. Carter, Pte.*

B  
No. 6400/940

From NEWFOUNDLAND CONTINGENT

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

099250/1  
N.F.L. 400  
To: Officer Commanding,  
2nd Batt. Ryl. Nfld. Regiment  
Wimchester.

29th April 1919

5503 Pte. C. Legge

With reference to the following  
telegram from the Minister of  
Militia / / ( 154 )

"Pay to- 5503 Pte. C Legge  
£10. 6. 0.

Cheque £ 10. 6. 0s enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

J. D. Munnell  
Chief Paymaster & O. i/c Records.

May 18<sup>th</sup> 1919  
Receipt hereunder.

J. W. Waterman  
Officer Commdg. 1st Batt'n.

Received the sum of Ten pounds

Six shillings - 6.0 in respect of  
telegraphic remittance from the  
Minister of militia.

No 5503 Rank C. Legge Pte

Witness J. D. Necks Sgt



Legge, C

5503

Haynes



August 5th 1919.

#5503, Pte.C.Legge.  
Heart's Delight. T.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3283.

Yours truly,

Capt.&  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5503 Rank Pvt Name Legge C  
 Intended place of residence Hearts Delight

2. Occupation Sailor  
 Classification of soldier E Medical Category A L

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 8 1919

H. Mews 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 8 - 1919

C. Legge  
 Signature of soldier

J. A. Snowcroft  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 8 - 1919

C. Legge  
 Signature of soldier

James Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 29-5-18 No. of days on Military  
 Discharged from service JUL 22 1919 Plus 14 days Service 434

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

H. R. Loope 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 5/1919

J. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

DRB 2079/5583

3  
30  
31  
5  
69

# The Royal Newfoundland Regiment

Class for Demobilization —

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 7.7.19 .....

Regimental No. ... 5523 .....

Name ..... Legge ..... Calet .....

Address ..... Hearts Delight .....

Present Medical Category ..... A.1 .....

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

Members of Board {

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

Paterson  
Senior Medical Officer

Seeberden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5505 Rank Plr. Name Legge C  
 Date of Enlistment 29-5-18 Address Seaforth Street District St. John's  
 Occupation Paul Classification for Discharge E<sub>1</sub> Medical Category A<sub>1</sub>  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	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 03				

Date 7-7-19 O. C. Discharge Depot. 1

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*C. Legge*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable None

(b) ~~Clothing Supplied~~

Date 8-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B. 852 to his home at Hearts Delight and Release Certificate No. 3317 issued.

Date 8-7-19

*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 5-8-19

Date 8-7-19

*J.M. [unclear]*  
Depot Paymaster.

Discharged approved for 22-7-19

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

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 1015	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 8-7-19

*J.A. Snowcraft*  
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**

Date JUL 22 1919

*H.R. Cooper Capt*  
for O. C. Discharge Depot.

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

Date .....



## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*C. Legga*  
Signature of Man.

Reg. No. 5503

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

Place

*St Johns*

Date

*8-7-19*

191



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

# MEDICAL HISTORY

OF

Surname Legge

Christian Name Leah

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's Delight, N.B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	29.	May	1918	191
	at <u>St. John's</u>		at	
Declared Age	23.	years	days	years
Trade or Occupation	<u>Sailor</u>			
Height	5	feet	8 1/2	inches
Weight	154.	lbs.		lbs.
Chest Measure	Girth when fully expanded		38	inches
	Range of Expansion		4.	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R. E.—V=	4/12	R. E.—V=	
	L. E.—V=	6/80	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>L. M. Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	day of <u>May</u>	on	day of
		1918		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Royal Nfld</u>	<u>5503.</u>		
Transferred to	<u>Regiment</u>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				





## 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 *Caleb Legge*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5203*  
Intended address *Hearts Delig N*

Height on discharge *5* Feet *9 1/2*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks — *Tall*

Figure on discharge *Tall*

Christian name of Father *Samuel*

Christian name of Mother *Mary*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Hearts Delig N, 25th Aug, 1894*

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) *C. Legge*

*Pt*  
(Rank)

Station **ST. JOHN'S**

Date *5-7-19*

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



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

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., 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 Land Regt.* 7. Former Trade or Occupation } *Sailor*
2. Regtl. No. *S. 8. 003* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Legge G.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *24.*
6. Posted for duty on *18. 5. 18.* at *St. John's* 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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*



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

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

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

*Reputation*  
*Major DADMS.*

Station *Hemel Hempstead*

Date *20/4/19*

*Sgt. J.S.P. Knight*  
*Capt. R.A.M.C.*  
 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

No. 5503

Name

Legge R. G.

Sqn., Batty.,  
or Company

D.

Corps

N. Newfoundland

Date of  
enlistment

29/5/18

G.C.

Badges

Service or

Proficiency Pay

157/19

Date of last entry in  
Company Conduct SheetNo. and date  
of last drunkPeriod not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

Character

157/19

Army Form B. 127.

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punish- ment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Free	22/1/19	Plat.		Defiant of Capt. 2/27	W. D. Dowe	Imprisoned	22/1/19	Capt. G. S. Taylor	Pay for discipline
Home	27/3/19			Defiant of Lt. Col. Brock Bomb Holdalls Shaving Brock	Blair Cornick	Admonished	29/3/19	Capt. G. S. Taylor	Pay for discipline H.P.

[P.T.O.]





August 12, 1919

Mr. Caleb Legget  
Hearts Delight, P.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 26th. 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..... *Cable* ..... 2. Surname..... *Legge* .....
3. Rank..... *Plc* ..... 4. Regtl. No. *5503* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Hearts Delight T.B.* .....
6. Date of enlistment in the Regiment... *Apr 27/18* .....
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... *No* .....
9. Address in full of such dependents... *No* .....
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 Hfld. If so, give dates and particulars of such service... *France, Belgium & Germany* .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *1 yr & 2 mos.* .....
- 1-2

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*July 8/19*

(b) Reason for discharge.

*Demob*

*Temp*

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

*No. France Belgium & Germany  
Nov/18 to Jan/19*

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

*No*

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

Signature of Applicant: *C. Leggo*  
 Place of Residence: *Hejerto Delight, T.B.*  
 Declared before me at: *St. John's*  
 This *8th* day of *July* 19*19*

Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits. *John McCarty*

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

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This day of 19

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

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

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This day of 19

19





ST. JOHN'S, July 8<sup>th</sup> 1919

# Royal Newfoundland Regiment.

Billeting Account,

To 411<sup>12</sup> Wilshire  
Casey Street

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> 1919 to June 8<sup>th</sup> 1919

5503 - Lt. J. Legge 8 30

ACCOUNT	<u>B. 411<sup>12</sup></u>
CH. NO.	<u>2527</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
Certified correct for \$	<u>8 30</u>

*[Handwritten signature: J. A. Howcroft]*

R-7

Billeting Officer.

C. Legge



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company C. B. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on	years	months	Religion				
5503	Caleb Legge		23		Sailor				
Joined	Date	Place and Date of Enlistment			Cof E				
Joined	Date				Place of Birth				
Joined	Date	Period of	with Colours	years	Hearts Delight				
Joined	Date		with Reserve	years					

  

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Barracks St John's	14-7-18	Pte.		Insolence to an N.C.O.	R. G. Collins	3 Days C.P.		R. W. Fairbairn	
Hazley Down barracks	17/5/19.			I Drunk in High St. about 21.55 17/5/19. II. Creating a disturbance.	Cpl. W. P. W. and 46066 in night	14 days. Detention		Lt Col W. B. Bernard	C.P.
				Demobilized	St John's	5	8/19		

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5503 Rank Cpl Name Leggo, C.  
 Date of Enlistment 29-5-18 Address Seaforth Bldg. District Thurston  
 Occupation Pastry Classification for Discharge E Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

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

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*C. Leggo*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable Also see
- (b) ~~Clothing Supplied~~

*[Signature]*

Date 8-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 8526 his home at Hearts Delight and Release Certificate No. 3317 issued.

Date 8-7-19 *J.A. Lawrence*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date 8-1-19  
Depot Paymaster

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 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 8-7-19 *J.A. Lawrence*  
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

Date JUL 22 1919  
*J.R. Coople Capt*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 21 19 *J.L.X*

Reg. No. *1703* Rank *Pl* Name *Legge J*  
Attested ..... Address *Hearts Delight*  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas *JUL 1 1919*  
Returned on S S. *Cassandra* Cause *Discharge*

*8 7 19*  
*22 7 19*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

C.R. 55603  
Form No. 179A

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

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

1. Unit and Corps. *Royal New Zealand Cavalry* 7. Former Trade or Occupation } *Sailor*  
 2. Regt. No. *5503* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Laggin* (Surname) *S* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.  
 5. Age last birthday *24*  
 6. Posted for duty on *18/5/18* at *50 John St.* 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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

11. Date of origin of disability. *nil*  
 12. Place of origin of disability. *nil*  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*



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

*u*  
*The Complaint of no Disability*

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

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

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

*Repatriation*

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

*WMC 11*  
*— repatriated*  
*J. H. H.*

Station *Hazley Down* .....

Medical Officer in charge of case.

Date *30/4/19* .....

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