



H FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

C.R. 4296

No. **4296** Name **Jos. Lemoine** Corps **Coffr.**

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1. What is your name? | 1. Joseph Lemoine |
| 2. What is your full Address? | 2. Rose Blanchet |
| 3. Are you a British Subject? | 3. Yes |
| 4. What is your age? | 4. 23 Years 6 Months |
| 5. What is your Trade or Calling? | 5. Clerk |
| 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 Coffr. |
| 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, **Joseph Lemoine** 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.

Joseph E. Lemoine SIGNATURE OF RECRUIT.
Joseph E. Lemoine SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

on this **7** day of **January** 191**8**

Signature of Attesting Officer **W. H. ...**

†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 **Jan 7** 191**8** } Approving Officer.
Place **St. John's** }

† 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 Joseph LeMoine
 Apparent age 23 years 6 months 5 Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Philip LeMoine
Rose Blanchet 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>July 18</u>									Lt. Col. 3-8-18 Capt. 22-5-19.
Joined at <u>St. John's</u> on <u>7-1-1918</u>									
<u>Transferred to regular service</u>									
<u>Embarked at St. John's train to Halifax N.S. 28th 18.</u>									
<u>to Newfoundland for demobilization 24-6-1919.</u>									
<u>Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization at St. John's 6th 8/1919</u>									
<u>to Active Service</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-19</u> (date of discharge) <u>1</u> years <u>212</u> days									
" " Pensions " " " " " " " " " " " "									

CP 4296
FORM B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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* } Former Trade or Occupation } *Cook*
2. Regtl. No. *4296* 3. Rank... *Lance Pl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *L. Maine Joseph* } (Surname) } (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *24*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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 complainant of no disability

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

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

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

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.

Repatriation

W. S. Proemier Capt Rame
 Medical Officer in charge of case.

Station *Mozley Town*
 Date *4/4/19*

* 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.

MILITARY SERVICE BRANCH

C.R.4296

OFFICE OF
THE REGISTRAR FOR NOVA SCOTIA

UNDER MILITARY SERVICE ACT, 1917

121 HOLLIS STREET

HALIFAX, N.S.

Nov. 18th, 1919.

Lieut-Col. W.F. Bendell,
Chief Staff Officer,
St. John's, Newfoundland.

Dear Sir:-

Ex-Cpl. 4296.
Re Joseph E. Lemcine, Serial No. 631102 GC
Group 111 Defaulter.

I acknowledge receipt of your letter of the
13th inst., and thank you for the pains you have taken
in investigati ng and reporting on this case.

Yours truly,

EHN/FMP.

Registrar

C.R. 4296

Nov. 13th, 1919

E. Hart Nichols, Esq., K.C.

Registrar, M.S.A.

Dept. of Justice, Canada

121 Hollis St.,

Halifax.

Re Ex-Cpl. 4296, Jos E. LeMoine

Dear Sir:-

I beg to acknowledge receipt of your letter of Nov 4th concerning the above mentioned man. With reference Ser. No. 631102 GC Group 111 Defaulter, in this connection I would state that the man referred to enlisted on the 8th Jan., 1918 with the Royal Newfoundland Regiment, proceeded overseas two months later, and was repatriated and discharged on the 6th of August, 1919. His total service with the Royal Newfoundland Regiment was one year and two hundred and twelve days, of which one year, one hundred and twenty days was overseas service.

Yours faithfully,

Lieut-Col.,

Chief Staff Officer.

MILITARY SERVICE BRANCH

OFFICE OF
THE REGISTRAR FOR NOVA SCOTIA

UNDER MILITARY SERVICE ACT, 1917

121 HOLLIS STREET

HALIFAX, N.S.

Nov. 4th, 1919.

Officer in Charge,
Militia Department,
St. Johns, Newfoundland.

Dear Sir:-

Corp

Re Joseph E. LeMoine, Ser. No. 631102 GC
Group 111 Defaulter.

On investigation of the case of the above
named man, it is reported that he left Canada to serve
in the Royal Newfoundland Regiment and was one year
and two hundred and twelve days overseas, Regimental
No. 4296. He was discharged in August 1919.

Might I trouble you to inquire if this re-
port is correct, and to advise me.

Yours truly,

E Hart Nichols

Registrar, M.S.A.

*Records Report please
W.F.H.*

EHN/FMP.

8/11/19

Entered 9-1-18

Proceeded 8-3-18

Sailed 24-6-19

Repatrolled 1-7-19

confirm. Discharge 6-8-19

Total Service 422 12 Days. - Service Overseas 120 - 120 days.

C.R. 4296

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

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 6-8-19.

4296 Cpl. J. Lemoine.

C.R. 4296

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-7-19.

4296 Cpl. J. LeMoine.

C.R. 4296

Extract from Daily Orders Detachment 1st The Royal Nfld.

Regt. St. John's, JULY 3rd, 1919.

4296 Cpl. J. LeMoine.

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

C.R. 4296

Extract from Unit the R. Field Regiment
dated ~~xxxxxx~~ by Lt. Col. S. J. Barton, Officer Commanding
27-5-19.
End. Snc.

The u/m to be active Corporal from 22nd. Inst. (May. 1919/.)

4296 L/ C. J. Lemoine.

C.R. 4296

Extract from Daily Orders Part 11 By. Lt. Col. B.J.
Horton, Commanding 2nd Bn. Royal Buffs. Regt. dated
2-8-18.

To be L/C.

4296 Pts. J. Lemoine.

C.R. 4296

Extract of Daily Orders Part 11, from 4/1st
Royal Newfoundland Regiment, Headquarters,
dated January 8, 1918.

#4296 Pte. J. Lemoine.

Attested for General Service with the 1st Bfld.
Regiment, posted to H. Coy' and given Numbers as
shown, with effect from January 7, 1918.

J. E. Lehuine

C.R.

4296

1890

No. 11100/1091

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

Handwritten: O'Hara
J.P.H.

10th, July 1918

Subject: 4296, Pte. J. E. LeMoine

With reference to the following telegram (6187) from the Hon. Minister of Militia, received

"Pay to 4296 LeMoine £7. 0. 0

Draft £7. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Handwritten signature: [Signature]
Chief Paymaster & O. i/c Records.

July 13th 1918

Receipt hereunder.

Handwritten: O'Hara
LIEUT. COLONEL
COMMANDING 2ND BATT. BR. ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment

Received the sum of Seven

Pounds on account of cable remittance from Newfoundland.

J. E. LeMoine

No. 4296 Rank Private

Witness

Handwritten signature: [Signature]

1227 Murphy, Pte

No. 14207/1440.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To

Officer Commanding,
2nd. Bn. Royal Newfoundland Rgt.
Hazeley Down Camp,
Winchester.

September 4th, 1918

Subject: 4296, L/C. J.E. Lemoine,

With reference to the following
telegram (7822) from the Hon.
Minister of Militia, received

"Pay to 4296, L/C. J.E. Lemoine, £6:0:0.

Draft £ 6:0:0. is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. J. Lemoine
Chief Paymaster & O. i/c Records.

Receipt hereunder

Chambers LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Six

Pounds on account of
cable remittance from Newfoundland.

J. E. Lemoine
No. 4296 Rank L/Corporal

Witness - 1227 J. Murphy Pfc

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
53 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4296	Pvt.	Le Moine. J.	\$2.50	

I have the honour to be, Sir,
~~for the first time~~
Your obedient servant,

Date

June 26th 18

J. E. Le Moine

No. 18103/1970



From:

~~NEWFOUNDLAND CONTINGENT~~

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.

7th November 1918

Nov. 9th 1918

Subject: 4296, L/Cpl. J. LeMoine

With reference to the following telegram (9591) from the Hon. Minister of Militia, received

Pay to 4296 LeMoine £8:0:0

Draft £ 8:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minshall Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Edward Major for LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Eight
pounds on account of
cable remittance from Newfoundland.

J. Le Moine
No. 4296 Rank L/cpl.

Witness A. T. Carter, Plt.

No. ~~1532~~/260

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

1st February 1919

February 4th 1919
Q. M.

~~4296~~ 4296 ~~Ste~~ Le Moine J.E.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (937)

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to- L/Cpl LeMoine J.E."

Received the sum of Five pounds
in respect of

Cheque £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

J. H. Marshall
Chief Paymaster & O. i/c Records.

J. E. Le Moine
No. 4296 Rank Lance Corporal
Witness M. Rockett

No. 21462/2444

B 21462/2444



N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. R. Newfoundland Regt.
Hazeley Down Camp,
Winchester.

27th. December. 1918

31-12-1918

Subject: 4296. L/C J.E. Lemoine.

With reference to the following telegram (11186) from the Hon. Minister of Militia, received

Pay to 4296 Lemoine - £7:0:0

Draft £7:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon

A.D. Maudslayi Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

C. Kern
J. P. H.
LIEUT. COLONEL,
Officer Commanding Battalion
2nd Bn. R. Newfoundland Regiment.

Received the sum of Seven
Pounds on account of
cable remittance from Newfoundland,

J. E. Lemoine

No. 4296 Rank Pte

Witness H. Maudslayi

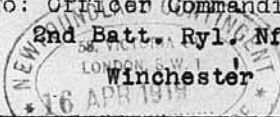
No. 5713/831 *8/5*

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

P.D. 09/10/19
Chief Paymaster & O.I/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regt.



10th April 1919

April 27th 1919

4296 L/Cpl. LeMoine J.E.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (128)

R. J. Barran LIEUT. COLONEL,
OFFICER COMMANDING
2ND BATT. RYAL NEWFOUNDLAND REGT.

"Pay to- 4296 LeMoine H.E.
£6. 0. 0.

Received the sum of six pounds

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

_____ in respect of
telegraphic remittance from the
Minister of Militia.

R. J. Barran Maj.
Chief Paymaster & O. i/c Records.

J. E. LeMoine
No. 4296 Rank L/Cpl

Witness *M. Rockett*

LeMoine J

4296

Hay Dept

August 6th 1919.

#4296, Cpl. J. LeMoine,
Rose Blanche.

Dear Sir:

Enclosed please find Discharge Certificate
3429 .

Yours truly,

Capt. C-1/o Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4296 Rank. Cpl Name. Le Moine J.
Intended place of residence. Rose Blanche

2. Occupation blank
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 9 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, ST. JOHN'S
Date JUL 9 - 1919
Signature of soldier: J. Le Moine
Signature of witness: J. Brown 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, ST. JOHN'S
Date JUL 9 - 1919
Signature of soldier: J. Le Moine
Signature of witness: James Sherman SN

STATEMENT OF SERVICE

7. Enlisted for service. 7-1-18 No. of days on Military
Discharged from service. 23-7-19 Plus 14 days Service. 577

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 23 1919
for: H.R. Coogan 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 6/1919
Officer in Charge
The Royal Newfoundland Regiment

25
28
31
20
21
20
21
6
2/2

2079/2429

The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *4296*

Name *Le Moine Joseph*

Address *Rose Blanche*

Present Medical Category *A 1*

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

Members of Board

R.H. Lant Marin
O.C. Discharge Depot.

W. Peterson
Senior Medical Officer

J. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4296 Rank Apl Name Lemoine J
 Date of Enlistment 7.1.18 Address Rose Blanche District Burgo
 Occupation Clerk Classification for Discharge 6 Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00(b) ~~Clothing~~ SuppliedDate 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 132278 to his home at Rose Blanche and Release Certificate No. 3345 issued.

Date 9-7-19

J.A. Shoveloff
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 6-8-19

Date 9-7-19

J.A. Shoveloff
Depot Paymaster.

Discharge approved for 23-7-19

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
B 179c	B 120	M 93		

2 Form B

Date 9-7-19

J.A. Shoveloff
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919

D.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,

J. Le Moine

Signature of Man.

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 4294

Place

Al - Johns

Date

9-7-19.

191

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

MEDICAL HISTORY

Surname Le Moine OF Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Rose Blanche County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>7th</u> day of <u>Jan'y</u> 191 <u>8</u> at <u>St. John's</u>	on _____ day of _____ 191 <u>1</u> at _____		
Declared Age	<u>23</u> years	<u>6</u> months	years	days
Trade or Occupation	<u>Clerk</u>			
Height	<u>5</u> feet	<u>5</u> inches	feet	inches
Weight		<u>145</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>37</u> inches		inches
	Range of Expansion	<u>5</u> inches		inches
Physical Development				
Vaccination Marks	Arms	<u>1 Scar</u>		
	Number			
When Vaccinated				
Vision	R. E.—V= <u>10</u>		R. E.—V=	
	L. E.—V= <u>6</u> <u>10</u>		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Peterson</u>			
(Rank)	<u>major</u>			
Enlisted	at <u>St. John's</u>	at _____		
	on <u>7th</u> day of <u>Jan'y</u> 191 <u>8</u>	on _____ day of _____ 191 <u>1</u>		
Joined on Enlistment	Corps. _____	Regtl. No. _____	Corps. _____	Regtl. No. _____
Transferred to	<u>Regt Nfld</u> <u>Regt 4296</u>			
Became non-effective by	on _____ day of _____ 191 <u>1</u>	on _____ day of _____ 191 <u>1</u>		
[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
8-1-18	Vacc. <i>SB</i>
18-1-18	<i>AMP. SB</i>
5-3-18-	<i>Do SB</i>
12-3-18-	<i>Do SB</i>
<p style="text-align: center;"><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>2</u> for Discharge on Demobilisation. Medical category</i></p> <p style="text-align: center;"><i>8-7-19</i> Date of Y.M.B. <i>J. M. [Signature]</i> Captain</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. 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 *Joseph Le Moine*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4296*

Intended address *Rose, Blanche*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Phillip*

Christian name of Mother *Marguerite*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Rose, Blanche 24-7-age 24. 1895-*

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) *Joseph Le Moine*

(Rank) *Cpl*

Station **ST. JOHN'S!**

Date *July 5-7-19*

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



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

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal Newfoundland*
2. Regtl. No. *4296* 3. Rank *Cpl*
4. Name *Romaine Joseph*
(Surname) (Christian Names)
5. Age last birthday... *27*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Clerk*
- 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? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

nil
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

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

He complains of no disability

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

15. What is his present condition?

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

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

Repatriation

20. Do you recommend—

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

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

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

Station *Hazeley Down*

Date *4/21/19*

* 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.

August 15, 1919

Mr. Joseph LeMoine,

Rose Blanche.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Joseph* 2. Surname..... *Le Moine*
3. Rank..... *Sgt.* 4. Regtl. No..... *4296*
5. Address in full to which future payments of gratuity are to be forwarded..... *Rose Blanch*
-
6. Date of enlistment in the Regiment..... *Jan 7th 1918*
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 dependents..... *Not applicable*
9. Address in full of such dependents..... *Not applicable*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not applicable*
11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *Not applicable*
- *Overseas*
-
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Eighteen months*
- *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.

Not applicable

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

No

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

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

Not applicable

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

Not applicable

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

Not applicable

19. Are you now serving in the Rest?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

July 23/19

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....

Not applicable

England

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.....

Not applicable

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: *Joseph L. Irvine*

Place of Residence: *Rose Blanche*

Declared before me at: *St John's*

This 10 day of *July* 1919.....

John M. Cozby

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.	Not amount due	
.....
.....
.....
Certified correct.					Paymaster



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph DeMona, Regl. No. 4296
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz :

Allotment begins April 5/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3777	Father	Mr. Philip James LeBlond	St. John's, Nfld.	60
Total Allotment, \$				

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
 Company
[Signature]
March 12th 1918

(S) [Signature]
 (Rank) [Signature]

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S

Fold Here

OCT 15

1921.

The accompanying ~~Victory Medal~~ British War Medal

is/are forwarded herewith to

~~ON SERVICE~~ Joseph E. LeMoine

in respect of his service as No. 4296 Rank Pte.

Name J.E. LeMoine Royal Nfld. Regt.
Nfld. Pioneer Corps.

Receipt of the same should be acknowledged hereon.

Received

Signature

Date

Address

~~Received~~ *Joseph E. LeMoine*

J. E. LeMoine

4-11-21

Port aux Basques

[P.T.O.]

C.R. 4296

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Date *Dec 3rd 1919*
Place *Port. aux Basques*

Name *Joseph E. Le Moine*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
H 121.
02.

Number of Sheets One.

Regiment of Royal Artillery

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

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <i>Promoted Lance Corporal 2-8-18 Rt. Corporal 27-5-19</i>
No.	<i>1226</i> <i>Les Morin J.</i>	Age on	<i>23</i> years <i>6</i> months	<i>Clerk</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>St. John's</i> <i>7-1-18</i>	<i>C. of E.</i>	
Joined		Date	Period of	Place of Birth	
			with Colours <i>2 1/2</i> years.		
			with Reserve <i>3 1/2</i> years.		

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
				<i>Demobilized St. John's, 6/5/19</i>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4296 Rank Spl Name Le Moine J
 Date of Enlistment 1.1.15 Address Rose Blanche District Burgoyne
 Occupation Clerk Classification for Discharge 16 Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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.	" 6.
B 179c.	B 120.	M 93.		

Date 8.7.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Le Moine

Particulars passed to Vocational Officer for information and action.

Date
 10/12/19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
- (b) Clothing Supplied [Signature]

Date 9-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B.2278 to his home at Rose-Blanche and Release Certificate No. 3345 issued.

Date 9-7-19

J.A. Shumway
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 6-8-19.

Date 9-7-19

M. J. H.
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 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		

2 Form B

Date 9-7-19

J.A. Shumway
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

H.P. Cooper Capt.
for O. C. Discharge Depot.

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

Date July 21 1919

Reg. No. 4296 Rank. Cpl Name. La Moine, Jos.
Attested Address. Rose Blanch
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas JUL 1 1919
Returned on S S. Cassandra Cause. Discharge

9.7.19
23.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.