



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 2075 Name Frank Vignea Corps \_\_\_\_\_

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

- |  |                                      |
|--|--------------------------------------|
| 1. What is your name? .....  | 1. ....                              |
| 2. What is your full Address? .....  | 2. ....                              |
| 3. Are you a British Subject? .....  | 3. ....                              |
| 4. What is your Age? .....   | 4. .... Years..... Months.           |
| 5. What is your Trade or Calling? .....  | 5. ....                              |
| 6. Are you Married? .....  | 6. ....                              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. ....                              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. ....                              |
| 9. Are you willing to be enlisted for General Service? .....   | 9. ....                              |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. .... { Name .....<br>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. ....                             |

I, Frank Vignea 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.

\_\_\_\_\_  
SIGNATURE OF RECRUIT.

Frank Vignea  
Signature of Witness.

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

I, Frank Vignea 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 17 day of \_\_\_\_\_ 191

\_\_\_\_\_  
Signature of the 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, the 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) \_\_\_\_\_



2075

# DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name Frank [unclear]

Apparent age 36 years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches.

Chest measurement { Girth when fully expanded 36 1/2 inches.  
 Range of expansion 3 1/2 inches.

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

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin [unclear]

2167 | Relationship \_\_\_\_\_

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.	Regt. or Depot.	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates.	Service not allowed to reckon for fixing the rate of pension		Service to be reckoned towards G. C. Pay		Signature of Officer certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ ( " ) _____ " _____									



# FIRST NEWFOUNDLAND REGIMENT.

## ATTESTATION OF

No. 2075 Name Frank Levigne Corps \_\_\_\_\_

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Frank Levigne</u>  |
| 2. What is your full Address? .....  | 2. <u>216 New Growth St. St. John's Nfld</u>   |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>  |
| 4. What is your Age? .....   | 4. <u>26</u> Years..... Months.  |
| 5. What is your Trade or Calling? .....  | 5. <u>Cotton Weaver</u>  |
| 6. Are you Married? .....  | 6. <u>Yes</u>  |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>3 years Army Medical Corp. St. John's</u><br><u>3 years St. John's Fusiliers</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, Frank Levigne 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.

Frank Levigne SIGNATURE OF RECRUIT.

E. January 17<sup>th</sup> 1916 Fred G.A. Reade Signature of Witness.

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

I, Frank Levigne 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 Nfld on this 17 day of January 1916 Fred G.A. Reade Signature of the 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, the 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.

Frank Levigne  
 age 36 years \_\_\_\_\_ months. Height 5 feet 5 inches.  
 Measurement { Girth when fully expanded 36 1/2 inches.  
 Range of expansion 3 1/2 inches.  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mildred Levigne  
216 New Gower St. | Relationship Wife  
St. Johns Nfld 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	Promotions, 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>17-1-16</u>									
Joined at <u>St. Johns</u> on <u>January 17<sup>th</sup> 16</u>									
<u>Embarked St. Johns St. John's for Feb 23<sup>rd</sup> 16</u>									<u>Embarked for 1916. 9<sup>th</sup> 16</u>
<u>Joined unit 21-7-16</u>					<u>Wounded 12</u>	<u>8-16</u>	<u>Admitted</u>	<u>occ. shell wounds</u>	<u>Comp. fracture</u>
<u>Elbow 12-8-16</u>					<u>Invalidd to England 25-8-16</u>	<u>Admitted 3</u>	<u>Lev</u>	<u>St. Johns</u>	<u>25-8-16</u>
<u>Discharged to Hospital 21-3-17</u>					<u>Newfoundland</u>	<u>for discharge</u>	<u>23</u>	<u>3-17</u>	<u>Arrived</u>
<u>Newfoundland 8-11-17</u>									
<u>Discharged Medically</u>									<u>Profit 2-5-17</u>
Total Service forfeited as above ... ..									
Total Service towards Engagement to <u>2-5-17</u> (date of discharge)					<u>1</u> years	<u>106</u> days			
" " " Pension " " " " " " " " " " " "									



REGIMENTAL NUMBER 2075

COMPANY A

THE  
1st NEWFOUNDLAND REGIMENT.

-----

I hereby enlist for service at home or abroad in the King's  
Forces under the following conditions.

For the duration of the present war, or until my discharge.

Subject to the Army Act. The King's Regulations,  
and to such ordinances as may apply or may be  
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.

5 George V.

Chapter IV.

Signed Frank Lewigne

Witness H. F. Russell  
Major

Dated at Race Course Apr

June 30 1916

C.R. 2075

Extract from roll of Officers N. C.O'S  
And men DISCHARGED from the Royal  
Newfoundland Regiment.

Regtl. #	rank	name	date	reason
2075	PTE	LEVINGE FRANK	2/5/17	MED. UNFIT.

C.R. 2075

Extract from list of men discharged from the Royal Newfoundland  
Regiment on various dates.

2074 Pte. Frank Levigne, discharged May 2nd 1917, Medically  
unfit



C.R. 2075

Copy of Cablegram to Governor St. John's,  
Newfoundland. 26/3/17.

#2075 Pte. Legigne.

Sent home for discharge.



2560/65

**DUPLICATE  
MAIL COPY**  
Posted 29 MAR 1917Officer Commanding,  
1st Newfoundland Regt.,  
Headquarters,  
St. John's,  
Newfoundland.

HT/NW

22nd March, 7.

C.R. 2075

**OVERSEAS TRANSPORT:**  
REPATRIATION DRAFT No. 32 per  
S.S. "GRANPIAN".

Documents available to apparent close of current mail are being forwarded. Those still awaited from other sources will be forwarded as received.

Three of the men are being sent direct from London, and special reference may be made to No. 2075, Pte. F. Levigne. Copies of:

1. Memo. 4/3/17 from Registrar, 3rd London General Hospital, to Pay & Record Office.
2. A.F. B. 252 - Charge Sheet.
3. Pte. Levigne's statement.
4. Statement of evidence by Cpl. R.L. Thornton.
5. Statement of evidence by Cpl. J.C. Marshall.

are enclosed for what action may be deemed necessary.

In the ordinary course, if this man had reported at the Depot, the charge would have been dealt with by the O.C. 2nd Bn. Under all the circumstances and the desirability of not in any way delaying his departure, no action has been taken here, please.

Major,

Paymaster &amp; O. i/c Records.

August 28, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 2075, Private Frank Levigne, who was previously reported wounded on August 12th, has arrived at Wandsworth.

Yours faithfully,

Mrs. Mildred Levigne,  
215 New Gower St.

Colonial Secretary.

C.R. 2075

Extract of Army Form W 3026.

Nominal Roll of Sick and Wounded admitted to the 3rd. LONDON GENERAL  
HOSPITAL, HANDSWORTH from FRANCE on 25th. Aug. 1916.

2075 Pte. Levigne, F.

GSW. L. Arm

CR 2075

Extract from War List

#H. A. 1994.

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2075 Pte. F. Levigne

G. S. W. Left Arm, To England ex 9 R. U. HOSPITAL 25th AUGUST 1916.

---

C.R. 2075

Extract of Casualties received from Pay & Record  
Office, London, dated August 22, 1916.

#2075 Pte. F. Levigne.

SW. Cpd. Fr. L. Elbow. Admitted 9 R.C.H. Calais  
August 15, 1916.

✓

G.

21st August, 1916.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 2075, Private Frank Levigne was wounded on August 12th.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mrs. Mildred Levigne,  
216 New Gower Street.

Colonial Secretary.

C.R.

2075

extract of Casualties received from Pay & Record  
Office, London, dated August 21, 1916.

#2075 Pte. F. Levigne.

Wounded August 12, 1916.



C.R. 2075

Extract from Memorial Roll Embarked St. John's for Overseas,  
Mar. 23, 1916.

2075 Pte. Levigny.

C.R. 2075

g

103 New Lower St  
City

Dept. Militia:

Gentlemen:-

In reply to your communication of Nov 24<sup>th</sup> inst.

Requesting information as to whether a headstone has been erected over the grave of Mr J. Levinge, replying to same I wish to state that I have had a headstone erected over his grave which is in the B. C. Cemetery "Belvedere" some where about a year ago. Trusting this information is all that is necessary yours respectfully  
Mrs. Mildred Levinge

Coll. R.

2075

Extract from Nominal Roll of RFLD. Regt. Draft No. 8.  
from 2nd B. Depot, to 1st Bn. B.S.F. Embarked Southampton.  
9-7-16.

2035 Pte. F. Levigne.

Levine, F

2075

Ray & Co

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2075 Pte. Levisne F.  
 Company. From 23/12/16 To 23/3/17 (Dates inclusive)

(Substituting A.F.O. 1625) - N.F.P/36.  
 Embarked per S. S. GRAMPIAN  
 From LIVERPOOL Date 23/3/17.  
 Draft No. 32 CR.

DR.		Classification (See procedure) A.										CR.					
Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d		
	8	Forfeited Pay							1	Pay	1.00	91	91	00			
	9	Allotments	80	91	72	80			2	Field Allowances	10	91	9	10			
	10								3	Other Allowances							
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3							
					72	80	14	19	2				100	10	20		
	13	Fines							6a								
	14	Clothing and Necessaries															
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
21/3/17	17a	<del>*****</del> Ad. Hosp.			1	17	6			Cr. Balance 22/12/16					6	2	
6/1/17	19	<del>*****</del> Payments P & R. O.			1	0	0										
12/1/17	20	2nd Payment. P & R. O.			3	0	0										
	21	2nd " P & R. O.				10	0										
	22	3rd " " "				5	9										
	23	Final " " "				1	0	0		Cr. Ration Allowance 21/3/17-23/3/							
	24	Balance Debit Last Period															
	28	" Due by Paymaster							27	Balance Due to Paymaster					1	8	11
					22	12	5								22	12	5



CHECKED.  
*[Signature]*

This account is in accordance with information received at the Pay & Record Office to 22/3/17 and is therefore subject to amendment if, and as may be found necessary.

FTEDDCORRECTINGENT  
*[Signature]*  
 Paymaster's Office / Co. Company.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2075 Pte. Levisne F.  
 Company. From 23/12/16 To 23/3/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.  
 Embarked per S. S. GRAMPIAN  
 From LIVERPOOL Date 23/3/17.  
 Draft No. 32 CR.

DR. Classification (See procedure) A.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	1.00	91	91	00	
	9	Allotments	80	91	72	80			2	Field Allowances	10	91	9	10	
	10								3	Other Allowances					
	11/12	Total Stoppages							4/5	Total @ 4.88 2/3					
					72	80	14	19	2				100	10	20
	13	Fines							6a						11
	14	Clothing and Necessaries													4
	15	Arms & Accoutrements													
	16	Barrack Damages													
	17	Hospital Stoppages								Cr. Balance 22/12/16					6
21/3/17	17a	<del>*****</del> Ad. Hosp.			1	17	6								2
6/1/17	19	<del>*****</del> Payments P & R. O.			1	0	0								
12/1/17	20	2nd Payment P & R. O.			3	0	0			Balance					
	21	2nd " P & R. O.				10	0			Cr. Ration Allowance 21/3/17-23/3/					
	22	3rd " P & R. O.					5	9							17
	23	Final "						0							6
	24	Balance Debit Last Period			1	0	0								0
	28	" Due by Paymaster							27	Balance Due to Paymaster					1
					22	12	5								8
															11
															5

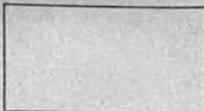


CHECKED.  
*[Signature]*

NEWFOUNDLAND CONTINGENT

*J. H. Marshall*  
 PAYMASTER O.C. OFFICER IN CHARGE Company.

This space to be left blank for the Chelsea Number.



Army Form B. 268.



# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2075</u>	Army Rank <u>Private</u>		
Name <u>Levigne Frank</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps <u>1<sup>st</sup> Newfoundland Regiment</u>			
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge <u>May 3<sup>rd</sup> 1917</u>			
Place of discharge <u>St. John's, Nfld.</u>			
<p>1. <span style="float:right">Description at the time of discharge.</span></p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">           Age <u>27</u> <del>28</del> years <u>1</u> months            Height <u>5</u> feet <u>6 1/2</u> inches            Chest measurement { girth when fully expanded _____ ins.                                              range of expansion _____ ins.            Complexion <u>Sallow</u>            Eyes <u>Grey brown</u>            Hair <u>Dark Brown</u>            Trade <u>Weaver</u>            Intended place of residence { <u>16 Freeman St</u>            (To be given as fully as practicable) { <u>St. John's</u>              <u>Newfoundland</u> </td> <td style="width:50%; border:none; vertical-align: top;">           Descriptive marks.   <u>G.S.W. L. Arm</u> </td> </tr> </table> <p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p>		Age <u>27</u> <del>28</del> years <u>1</u> months Height <u>5</u> feet <u>6 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Sallow</u> Eyes <u>Grey brown</u> Hair <u>Dark Brown</u> Trade <u>Weaver</u> Intended place of residence { <u>16 Freeman St</u> (To be given as fully as practicable) { <u>St. John's</u> <u>Newfoundland</u>	Descriptive marks.  <u>G.S.W. L. Arm</u>
Age <u>27</u> <del>28</del> years <u>1</u> months Height <u>5</u> feet <u>6 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Sallow</u> Eyes <u>Grey brown</u> Hair <u>Dark Brown</u> Trade <u>Weaver</u> Intended place of residence { <u>16 Freeman St</u> (To be given as fully as practicable) { <u>St. John's</u> <u>Newfoundland</u>	Descriptive marks.  <u>G.S.W. L. Arm</u>		
<p>2. The above-named man is discharged in consequence of <u> gunshot wound</u>  <u>VIII - IV Arm. Fracture Numerous.</u></p> <p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>			
<p>3. Military character :—</p> <hr/> <p>4. Character awarded in accordance with King's Regulations :—</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p><small>To be filled in on the soldier quitting the Colours.</small></p> <p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align:right">Initials of Commanding Officer.</p>			
<p>Army Form B. 2088 has been issued to*</p>			

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

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

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment \_\_\_\_\_

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's, Nfed. \_\_\_\_\_ (Signature of Soldier.)

(Date) May 11<sup>th</sup> 1917. \_\_\_\_\_ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

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

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

---

No reservations

Y rank Levinge

WWB/OR.

Feb. 17, 1920.

9652

To:- Major Howley,  
O.I.C. Pay and Records.  
Capt. Murphy, Employment Officer.  
Mr. McGrath, ) Accountants.  
Mr. Pomeroy )

From:- Vocational Officer.

Frank Levene, 2075

This is to certify that the man named above will complete his course on Feb. 28th. If an extension is in the meantime granted, I will notify you.

W.W. Blackall  
Vocational Officer.



## 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Frank Leuigne, Regl. No. 2075  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
80 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 March 22. 1916.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
1838	Wife	Mrs Frank Leuigne	216 New Gower St. John's		80
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.)

R.P. Hallaway
 Licd.  
 For. Officer Commanding  
 H. Company
St. John'sMarch 22. 1916

(Sig.)

Frank Leuigne

(Rank)

Pte

N.F. P./84.

No.2763/69

From Pay & Record Office,<sup>X</sup> London

To Minister of Militia, St. John's, Nfld.

#2075 Pte. F. Levigne

Hospital advances per A.F.O. 1823a. (1021) 3s.6d.

WIFE  
MK

ROYAL NEWFOUNDLAND REGIMENT  
(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, or Justice of the Peace, and returned to:

THE PAYMASTER  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Regt. or Unit. Reg't. No.  
*Frank Levigne Pte. 1<sup>st</sup> NFD 2075*

---

2. Age of soldier. Married or soldier.  
*29. Married*

---

3. Name in full of wife.  
*Mildred Nicholls.*

---

4. Address in full of wife.  
*14 Convent Lane St. John's City*

---

5. Date of marriage. *Sep<sup>th</sup> 8<sup>th</sup> 1918.*

---

6. Place of marriage. *St. John's New Brunswick*

---

7. Did marriage take place since soldier's enlistment *No*

---

8. Was Commanding Officer's permission obtained? If not, why? *X*

---

9. If not married, how long have you been dependent on the soldier for your maintenance and supported regularly by him on a bona fide permanent domestic basis. *X*

---

10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated. *Yes*

---

11. Is separation a legal one? *No separation*

12. If legal, are you in receipt of Alimony? If so, state amount.

$\$39$  dollars received from Patriotic Association of Lowell  
 $\$5.00 + \$10.00 + \$8.00 + \$8.00 + \$8.00 = \$39.00$

13. If not legal, how long since your husband contributed to your support? Explain fully

X

14. State amount of allotment received by you from soldier monthly.

$\$24$  dollars Per Month

15. From what date have you received allotment.

received 1<sup>st</sup> Payment 7<sup>th</sup> of April 1918

16. Names of children Age last Birthday. Names of children. Age last Birthday.

Francis Levigne 2 yrs  
Mildred Levigne 4 years  
Rita Marion Levigne 1 Month

17. Are you already in receipt of Separation Allowance from any source? If so, state amount.

My Pension is  $\$6$  dollars Per Month that includes all

18. Are you in receipt of payment from any Patriotic Fund? If so, how much.

No

19. Have you made a previous claim for Separation Allowance, if not, why? Give particulars.

No I understood it was only for Men who enlisted in 1917.

20. Was your husband at the time of his enlistment an employee of the Nfld. Government.

No

21. In what capacity and in what place.

Teamster  
Chas Lester

22. Is he in receipt of a salary as such while serving in the Nfld. Regt. If so, how much?

No

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant Mrs Frank Levigne  
Place of residence 111 Convent Lane St-Johns City

Declared and subscribed before me  
at.....*St. John's*.....  
this.....*12<sup>th</sup>*.....day of.....*Feb*.....19*19*.....

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

*John McCarthy, J.P.*

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.

Signature of Clergyman.....

*Rev. Peter J. Sheehan*

Signature of member of  
Patriotic ~~Fund~~ Committee.....

*J. P. O'Connell*

N.B. Marriage Certificate must accompany this application, and will  
be returned after perusal. If marriage is after enlistment Commanding  
Officer's permission in writing must be forwarded.

STATEMENT OF ACCOUNT

No. 2075

PAY LEDGER 195/1/2 384/2  
Date 8/2/21 by 4/1

Name Levine J

Equivalent to 23/2/17

195

Date.	Particulars	Ch. No.	Dr.	Cr.	Bal.
Mar 31	By Pay 8 days @ 1/19			8 80	8 80
Apr 13	" " 13 " " do			14 30	23 10
30	" " 17 " " 1/55			31 45	54 55
May 2	" " 2 " " do			3 70	58 25
	Bonus				71 20
	Clothing			12 95	<del>70 20</del>
	Hospital Advances			25 00	96 20
	3/6		85		95 35
Apr 14	To Pay				80 35
Mar 31	To Allotment edy 804		15 00		79 95
Apr 30	" "		6 40		80
			24 00		49 95
May 2	To Pay		49 95		<del>0</del>
	War Service Gratuity				400 00
	4 mos @ \$100.00			400 00	400 00
	Clothing			35 00	435 00
	Bonus		12 95		422 05
Dec 19	To Pay	7182	87 15		334 90
Jan 31	" "		35 00		299 90
Mar 1	" "	10880	70 00		229 90
	S.A.	2479	30 00		199 90
Apr.	To Pay	13790	70 00		129 90
	To S.A.	2800	30 00		99 90
May 1	To Pay	17865	69 90		30 00
	S.A.	3137	30 00		<del>0</del>
			53 120	53 120	

Signed Alvany CSK



*F. C. D.*  
Oct 25th 1919

Major Howley  
O. I. C. Records

Please pay to F. Levigne, 2075  
the sum of four dollars  
in payment of allowance for four days to date  
and charge same to Civil Re-establishment Committee

\$4.00

Pension \$30.00

ACCOUNT	16512	<i>EW</i>
CH. NO.		
IND. LEDGER		INITIALS
PAY LEDGER		DATE
GEN. LEDGER		DATE

*Hunter*  
for Vocational Officer

*Frank Levigne*

Oct 25th 1919

*J. C. S.*

Major Howley  
O. I. C. Records

Please pay to Mrs F. Levigne, 14 Convent Square  
the sum of four dollars and twenty six cents  
in payment of allowance for four days to date  
and charge same to Civil Re-establishment Committee

\$4.26

*J. Hunter*  
for Vocational Officer

ACCOUNT	
ON	16507
...	...
...	...
...	...
...	...

*C. McGrath*





C.R. 2075

Frank Levigne was attested for General  
Service with the NEWFOUNDLAND REGIMENT ON Jan. 17th 1916  
Regimental No. 2075 was allotted to Ptes F. Levigne.

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

J. Levisne

2075

P. + P. G.

OK  
Mosh

Ward A 4  
3rd Lond. Gen. Hosp.

To Newfoundland Pay & Record Office

Please advance, Three Pounds, for remittance  
home, to Mrs. F. Levisne

Name F. Levisne  
Rank Private  
No. 2074

A. J. Swan  
Capt  
Medical Officer

Jan'y 10, '17

Ward A 4  
3rd Lond. Gen. Hosp.

To Hld. Pay & Record Office

Please advance, Two Pounds, to purchase  
some necessaries.

Dec. 28/16

Rank Private  
Name F. LeVigne  
No 2074

A. J. Swan Capt R.A.M.C.  
Medical Officer

2138

Ref. £ 2-0-0

28/12/16

B.C.



Ward A 4  
3rd Lond. Gen. Hosp.

To Newfoundland Pay & Record Office.

Please advance, One Pound, to purchase  
articles required.

Name F. Seigne

Rank Private

No 2075

A. T. Swan Capt RSMC

Medical Officer

O.K.  
Insi-0-0  
M.S.A.

Jan 6/17

Receipt No 2219



December 1st . . . . . 8.

5155/1

F.M/W.F.

2075, Pte. F. Levigne,  
1/1st. Newfoundland Regiment,  
3rd. London General Hospital,  
Wandsworth,  
S. W.

MONEY IN HOSPITAL.

Form enclosed for completion as per your request of the  
29/11/18.

..... Capt..  
Paymaster & O. i/c, Records.

Ward A 4

3rd Lond. Gen. Hosp.

Nov. 29/16

Lieut. F. W. Marshall,

Mfld. Pay & Record Office,

58 Victoria St

London. S.W.

Dear Sir,

Would you please oblige the undersigned, with a requisition form, for £ 5 so I can get it signed by the doctor here. What I need the money for is to send some parcels home for Xmas.

Hoping you will oblige,

I remain

Yours Truly

F. Levigne (#2075)



5155/1

Paymaster & Officer i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London. S. NV



Please remit the sum of 8 pounds — shillings  
to buy boots and other necessaries  
on account of Pay & Allowances that may be due to me.

Reg No. 8076 Rank Plt.

Name F. Leveigne

Approved Mr. Murray Capt.

Medical Officer i/c

Genl. London General Hospital.

Dated at Wansworth

Oct. 8<sup>th</sup> 1916

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2095</u>	Army Rank <u>Private</u>	
Name <u>Levigne Frank</u>		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>1<sup>st</sup> Newfoundland Regiment</u>		
Battalion, Battery, Company, Depot, &c.		
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center;">COPY SENT TO</p> <p style="text-align: center;">O.C. H.Q.</p> <p style="text-align: center;">ST. JOHN'S, N.F.L.D.</p> <p style="text-align: center;">N.F.P. 38. No. <u>1185/4</u></p> <p style="text-align: center;">DATED FEB 9 - 1917</p> <p style="text-align: center;">Descriptive marks:</p> </div>	
Place of discharge		
1. Description at the time of discharge.		
Age <u>26</u> years _____ months	<u>G. W. L. Aron</u>	Height <u>5</u> feet <u>6 1/2</u> inches
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>Sallow</u>		
Eyes <u>Grey brown</u>		
Hair <u>Dark brown</u>		
Trade <u>Weaver</u>		
Intended place of residence { <u>16 Pregey St.</u> <u>St John's</u> <u>Newfoundland</u>		
(To be given as fully as practicable)		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
2. The above-named man is discharged in consequence of <u>Gunshot wound</u> <u>III. IV Arm Fracture humerus.</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
3. Military character:—		
4. Character awarded in accordance with King's Regulations:—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
Initials of Commanding Officer.		
Army Form B. 2088 has been issued to*		

To be filled in on the soldier quitting the Colours.

Original

# Medical Report on an Invalid



Station 3rd London General Hospital, WANDSWORTH, S.W.

Date 29/1/17

1. Unit 1st Newfoundland  
2. Regimental No. 2075  
3. Rank Pte.  
4. Name Levigne F.

5. Age last birthday 26  
6. Enlisted { on Jan 10. 1916  
                  { at St John's.  
7. Former Trade { Weaver.  
                      { or Occupation

8. Disability. arm  
L.S.W. VIII IV. Fracture humerus.

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Aug 6. 1916.  
10. Place of origin of disability. Ypres.  
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

COPY SENT TO  
O.C. H.Q. :  
ST. JOHNS, N.F.L.D.  
M.P. 38. No. 118574  
DATED FEB 9 - 1917

Hit by piece of whizz-bang on left elbow  
completely smashing up bones forming the joint  
operation at C.S. excision of elbow.  
Admitted to Duchess of Sutherland's hospital Calcutta  
where two more operations were done. He states for  
removal of bone. Admitted here Aug 25. 1916.  
Operation Jan 13. 1917 small sequestrum removed  
from the elbow

12. (a) Give your opinion as to the causation of the disability.  
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Active service  
L.S.W

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General health good.  
He still has a small wound under surface of left elbow which is discharging though this is less since his last operation.  
He has a flail like joint at elbow and cannot move elbow joint.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

Yes

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? if so, what?

Yes. Vidi li. Four in all

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Yes

A. J. Swan Capt RMC  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date

30/1/17

H E Pomeroy

Officer in charge of Hospital.  
Lt. Col. R.A.M.C.T.

\* 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.

† Delete this word if no exceptions are to be made.

## Opinion of the Medical Board.

NOTES.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).

(iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Active Service*  
*G.S.W.*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

- (a) Intemperance? *No*  
 (b) Misconduct? *No*  
 (c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent? *Yes*

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Total at present*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act? *No*

25. If an operation was advised and declined, was the refusal unreasonable? *No*

26. Do the Board recommend

- (a) Discharge as permanently unfit, *Yes*  
 or  
 (b) Change to England? *Yes*

Signatures:—

3rd London General Hospital,  
 Station WANDSWORTH, S.W.

Date *Jan. 31/17*

Approved.

Station \_\_\_\_\_

Date *31.1.17*

*W. E. G. Gutter* Maj. Rames. President.

*J. W. Woodhead* Capt. Member.

*A. J. D. Howard* C.S. Member.

*W. E. G. Gutter* Maj. Rames. Administrative Medical Officer.



(On leaving Corps or Station where invalidated.)

Transfer { Date \_\_\_\_\_  
Station \_\_\_\_\_  
or  
Embark- { Date \_\_\_\_\_  
ation { Port \_\_\_\_\_

Name { Conveyance \_\_\_\_\_  
of { Vessel \_\_\_\_\_  
Officer in } \_\_\_\_\_  
medical charge)

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or } \_\_\_\_\_  
Station } \_\_\_\_\_  
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and } \_\_\_\_\_  
Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer. \_\_\_\_\_

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

Station *1st*

Corps *1st New Brunswick*

Regimental No. *2075*

Rank *Pl.*

Name *Leongue J.*

Disability *q. s. v. III & (vii) 5*

Date *3/1/17*

Hospital or Station transferred to for final disposal } \_\_\_\_\_

Date of final disposal } \_\_\_\_\_

How finally disposed of } \_\_\_\_\_

The original Report is invariably to accompany the discharge documents of Invalids.  
(4736.) W. 8530/2774, 5004. 9/15. C. P. Ltd.

Form B. 179. 54.

5816.

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

# MEDICAL HISTORY

OF

Surname LeVigne Christian Name Frank

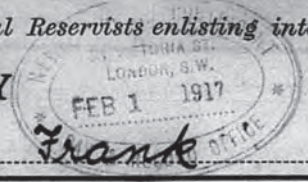


Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY		
	Right	Left	Right	Left	
Examined	on <u>14</u> day of <u>January</u> 191 <u>6</u> at <u>St. John's Hfd.</u>		on _____ day of _____ 191____ at _____		
Declared Age	<u>26</u> years _____ days		_____ years _____ days		
Trade or Occupation			<div style="border: 1px solid black; padding: 5px;">                     COPY SENT TO                      O.C. H.Q.                      ST. JOHN'S, N.F.L.D.                      NO. <u>1185</u>                      DATED FEB. 9 - 1917                 </div>		
Height	<u>5</u> feet	<u>5 1/2</u> inches			_____ feet _____ inches
Weight		<u>123</u> lbs.			_____ lbs.
Chest Measurement	Girth when fully expanded... <u>34 1/2</u> inches				_____ inches
	Range of expansion.. <u>3 1/2</u> inches		_____ inches		
Physical Development					
Vaccination Marks	Arm _____ Number _____				
When Vaccinated	<u>8 1/2</u> ago.				
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V=_____ 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>D.W. Burden</u>				
(Rank)	<u>Leut.</u>				
	Medical Officer.		Medical Officer.		
Enlisted	at _____ on _____ day of _____ 191____		at _____ on _____ day of _____ 191____		
Joined on Enlistment	Corps. <u>1st Hfd. Regt.</u>	Regtl. No. <u>2075</u>	Corps. _____	Regtl. No. _____	
Transferred to					
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____		
(Signature)					
(Rank)					

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	25	8	16				G. S. W. III, 4, arm (L) fracture humerus		hand held - as overleaf Disability - G. S. W. III, 4, arm (L). fracture humerus Flail like joint at elbow; cannot move elbow Cause - G. S. W. on active service. Total - inability at present to earn a livelihood	H. Fagan Capt. R.A.M.C. 3rd London General Hospital, WANDSWORTH, S.W.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination 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
January 27/16	1 <sup>st</sup> Inoculation
February 9/16	2 <sup>nd</sup> " <span style="margin-left: 20px;">} S.W.B.</span>
24. 6. 16	Successful Vaccination N. F. W.
6. 7. 16.	Fit for foreign Service. N. F. W.
31/1/17	Board held
	Found - permanently unfit
	Board - approved
	<p>H. Jagan Capt R.S.M.C. (R)</p>
	<p>3rd London General Hospital, WANDSWORTH, S.W.</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
St. Johns r/cd	23/3/16	9/4/16			

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 2075

Rank 7th

Name (surname first) Levigne Frank

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

*Uncertain as to what I would be able to do*

*Weaver*

COPY SENT TO  
O.C. H.Q. :  
ST. JOHNS, N.F.L.D.  
M.F.P.38. No. 118574  
DATED FEB 9 - 1917

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Newfoundland Knitting Mills, as weaver  
for four months  
(8 years experience - mostly in Canada)*

3. What is the nature and locality of the employment you desire? *Uncertain*

*owing to disablement.*

4. What is the name of your Approved Society? *None*

5. Have you been employed whilst with the Colours? If so, in what capacity?

*Just regular Infantry duties.*

Date Jan'y 31/17

Signature Frank Levigne

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

# 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer in Charge when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.



**A Name in full** *Levigne Frank*  
**Regiment from which discharged** *1st Newfoundland*  
**Regimental Number** *2075*  
**Where born (Parish, Town and County), and when** *Bathurst, Canada (Ont.) 27/12/1890*  
**Intended address** *16 Brennan St. St. John, Newfoundland*  
**Height on discharge** *5 Feet 6 1/2* Inches  
**Colour of Hair on discharge** *Dark brown* **Colour of Eyes** *Greeny brown*  
**Descriptive marks** *G.S.W. L. arm.* **Complexion** *Sallow*  
**Figure on discharge** *Medium*  
**Christian name of Father** *Samuel*  
**Christian name of Mother** *Lerah*  
**Wife's Maiden name in full** *Mildred Nicholls*  
**Date and Place of Marriage** *18/3/1914 - St. John, New Brunswick*  
**Christian names of Children** *(2) Mildred - Frank*  
**Nature and locality of civil employment desired** *Uncertain owing to wound*

COPY ST. JOHN'S N.F.P.S. DATED

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)* *Frank Levigne* (Rank) *Private*  
 Date *Jan 30/17*

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.

*A. J. Swan Capt R.M.C.* Medical Officer i/c Hospital.  
 Station \_\_\_\_\_ Date *Jan 30 1917*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		
				Years	Days	Days
				India		
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued				Sum due on account of advance of pension }		
Sums due on account of public debts ...						

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.  
 Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

**Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.**



(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 28 Victoria St. S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date <sup>21</sup> ~~14~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Levigne, Christian names Frank  
(in full)

Regt. No. and Rank 2075 Pte. Regt. or Corps 1st Newfoundland  
(If T.F. this should be stated)

His address on discharge will be 16 Brennan St.  
St. John's, Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that\* no allowance is being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 31/1/17

Walter Gray Ramer  
President of Board  
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Admitted

25.8.16. Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Infld. Regiment.

\*The Officer Commanding Infld Contingent Ayr.

The Officer in Charge of Records 58. Victoria St. S.W.

The Regimental Paymaster 58. Victoria St. S.W.

With reference to No. 2075. P/O Leighton F. of the above Regiment, who appeared before a Medical Board and was approved by

~~the D.D.M.S.,~~ Commanding, on the 31-1-17 for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St. S.W. on [date] 21.3.17.

H. Jagan Officer Commanding  
Capt. R.A.M.C.(F) Registrar, R.A.M.O.F. Hospital.

Place Wandsworth and London General Hospital,  
Date 21.3.17 WANDSWORTH, S.W.

\* In case of Territorial Force "Officer Commanding the Administrative Centre."  
Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.









2075 LeVigne



From. The Registrar.  
3rd. London General Hospital.  
To. Officer Commanding.  
Newfoundlanders Record Office  
58 Victoria Street.

Attached please find Army Form B.252 for Pte: Levigne and Sgt; Mc Kinley which the C.O. has asked me to forward to you, for your information and necessary action, please.

1ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	1095
Rec'd.	MAR - 5 1917
Ask'd.	
Ans'd.	
File No.	

*R. Kinley*

Capt: R.A.M.C.T.  
3rd. London General Hospital.

Wandsworth. S.W.  
4 - 3 - 17.

Pte. Leveque states that he had no drink  
& did not get over the wall and did not  
go out with Sgt McKinley.

H. Fagan Capt RMC

4. 3. 17.

Q

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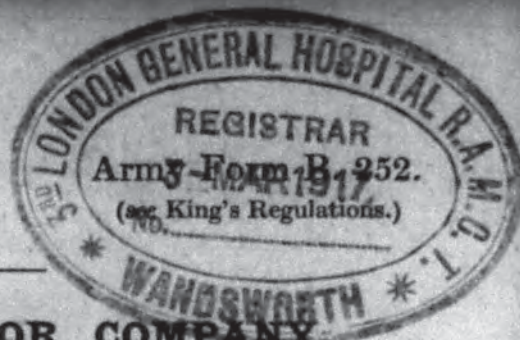
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998

878

120

Total



L. & T. LTD., London, W.C.  
 GW 5002/2305. 4,000,000. 6/15. W 14.

Forms  
 D. 252  
 31

**CHARGE.**

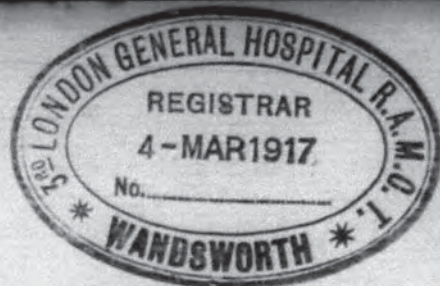
**BATTERY, SQUADRON, TROOP OR COMPANY.**

**CHARGE against No. 2075. Pte: F. Levigne. 1st: Newfoundland Regiment.**

Place.	Date of Offence.	Offence.	Names of witnesses.	Punishment awarded.	By whom awarded.
3rd. London General Hptl: Wandsworth Common. S.W.	2-3-17.	(1) Breaking out of Hospital	1767. Cpl. R. R. Thorne R.A.M.C.I.		
		(2) Obtaining DRINK while a patient in a Military Hospital and returning under the <del>influence</del> influence of the Drink.			

*Documentary Evidence*

*Sturges*  
 Capt Ranoc  
 Commanding Battery.  
 Squadron, Troop or Company.



STATEMENT OF EVIDENCE AGAINST 2075. Pte: F. Levigne. 1st: Newfoundland Regt:  
-----

Sir,

I have the honour to state that on Friday evening the 2nd: March. 1917. I was Orderly Corporal, and at 11-30 p.m. I was instructed by the Wardmaster on Duty (Cpl: Marshall R.A.M.C.T.) to proceed to Ward. A. ~~4~~ and remove the ~~MS~~ above named man who had come into Ward at 11 o'clock under the influence of Drink. At the time I went to remove him to the Observation Ward, he was very quiet and obeyed the order to come to the Observation Ward at once and no trouble at all. On the morning of the 3rd inst He was taken before the C.O. and put back to the Observation Ward and I had orders to render B.252. against him .

Sir,

I have the honour to be.

Your Obedient Servant

1767 R.L. Thomson  
.....Cpl: R.A.M.C.T.  
3rd. London General Hospital.

Wandsworth. S.W.  
4 - 3 - 17.





STATEMENT OF EVIDENCE AGAINST No: 2075. Pte: F. Leigne. 1st: Newfoundland. Regt  
-----  
4-----

Sir,

I have the honour to state that on the night of the 2nd: March. 1917. the Sister l/c Ward. A. ~~4~~ reported the above named man had left the Ward at 8 p.m. and returned at 11-30 p.m. with another Newfoundlander by the name of Sgt J. Mc Kinley, he was then under the influence of Drink. She ordered his removal to the Observation Ward. I ordered Cpl R.L. Thornton R.A.M.C.T. the Orderly Corporal on duty to see that this was carried out which he did and reported to me at 11-45 p.m. that he had seen both the patients in bed and all was quiet.

Sir,

I have the honour to be,

Your Obedient Servant.

1603 J. B. Marshall ..... Cpl: R.A.M.C.T.  
3rd. London General Hospital.

Wandsworth. S.W.

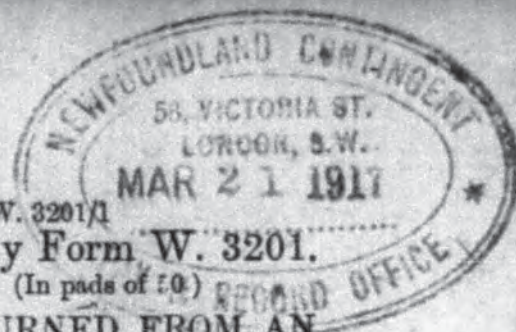
4 - 3 - 17.

(9 38 41) W 1 751—6539/1 75,000(6) 10/15 H W V(M 531)  
16.92—191 75,000 1/16

Forms/W. 3201/1

Army Form W. 3201.

(In pads of 50)



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN  
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1<sup>st</sup> W. Field. (Regiment).

No. 2075, Rank Plt, Name Lehigne. F.

is discharged from Hospital with orders to proceed to ~~his home~~  
(Address 58 Victoria St. S.W.)

and there await further instructions as to his discharge from the  
Service.

H. Lyon Officer Commanding

Capt. R.A.M.C.

Place \_\_\_\_\_

Registrar, R.A.M.C.H.

Hospital.

Date 21/3/17

3rd London General Hospital,  
WANDSWORTH, S.W.

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

Regtl. No. 52075

Rank Pte

Name J. J. Langhe

Regiment 1st West Regt

Date from 21/2/17 191

to 12/2/17 191

To proceed to \_\_\_\_\_

Station Victoria St. Hospital

Date \_\_\_\_\_

Address whilst on furlough to which any orders will be sent.

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

2075 Pte. Levisne F.  
23/12/16 23/3/17

GRAMPIAN  
23/3/17.

LIVERPOOL  
32

A.

80 91 72 80

1.00 91 91 00  
10 91 9 10

72 80 14 19 2

10010 20 11 4

21/3/17  
8/1/17  
12/1/17

*****	Ad. Hosp.	1	17	6
*****	P & R. O.	1	0	0
2nd	P & R. O.	3	0	0
	P & R. O.		10	0
			5	9
		1	0	0
		22	12	5

Cr. Balance 22/12/16

6 2

Balance

Cr. Ration Allowance 21/3/17-23/3/

17	6	0
	1	8 11
22	12	5

March 22nd

7.

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No 2075 Rank Pte

Name J. LeVigne

Pay	F. Allow	Working	Total
100	10		110 ✓
Less Allotment			80 ✓
Net Rate			30

Date	DEBITS	£ s d			CREDITS	£ s d		
		£	s	d		£	s	d
1917	Balance				Balance			
	P.M. ADVANCES:							
	A.B. 64							
	Acquittance Rolls							
	Hospital Advances	1	14	0 ✓				
	STOPPAGES:							
	hospital dys =	14	0					
	Forfeited Pay dys =							
	Miscellaneous							
	Cables							
	P.&R.O. PAYMENTS:	9	9	3 ✓				
	Sundry Bills							
	Cash	11	17	3				

Balance 27/10/16 ✓  
 Pay & Net Rate:  
 28/10/16 to 21/12/17 = 145 days  
 20 = 6 43.50  
 1/1 to 1/1 = days  
 = 6  
 Ration allows.  
 21/3/17 to 23/3/17 = 3 days  
 2/0 = \* 6/0  
 6 0  
 11 5 10  
 11 5

*[Signature]*

NEW FOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2075 Pte. Levison P.  
 Company. From 23/12/16 To 23/3/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.  
 Embarked per S. S. GRAMPIAN  
 From LIVERPOOL Date 23/3/17  
 Draft No. 32 CR.

DR. Classification (See procedure) A.

Date	Pay Book Col	Particulars	Rate	Dys	£	¢	¢	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	s	d			
	8	Forfeited Pay									1	Pay	1.00	91	91	00						
	9	Allotments	80	91	72	80					2	Field Allowances	10	91	9	10						
	10										3	Other Allowances										
	11/12	Total Stoppages									4/5	Total @ 4.85 2/3										
					72	80	14	19	2							100	10	20	11	4		
	13	Fines									6a											
	14	Clothing and Necessaries																				
	15	Arms & Accoutrements																				
	16	Barrack Damages																				
	17	Hospital Stoppages																				
	17a	Miscellaneous Stoppages																				
	17a	Miscellaneous Stoppages Ad. Hosp.			1	17	6												6	2		
21/3/17	19	Casual Payments P & R. O.			1	0	0															
8/1/17	20	1st Payment P & R. O.			3	0	0															
12/1/17	21	2nd " P & R. O.					10	0														
	22	3rd " P & R. O.						5	9													
	23	Final "																				
	24	Balance Debit Last Period			1	0	0													17		
	28	" Due by Paymaster									27	Balance Due to Paymaster								1	19	11
					22	12	5													22	12	5

*[Handwritten signature]*



1917

This account is in accordance with information received at the Pay & Record Office to 22/3/17 and is therefore subject to amendment if, and as may be found necessary.

IFIED CORRECTINGENT, T. W. Marshall, Lieut.,

MASTERS OFFICE COMPANY.

CHECKED. *[Handwritten signature]*

Dis St Johns

W I L L

No. 40

of

No. 2075 Rank Ret

Name H. Luigne

103 New Power St

↵

WILL.

In the event of my Death  
I give the whole of my  
property and effects to  
my Wife. Mrs. Frank LeVigne

216 New Gower Street

St Johns

Newfoundland

private. no. 2075

Signature. Frank LeVigne

Dated July 16/16.

Newfoundland Regiment



NEWFOUNDLAND CONTINGENT

COPY OF WILL

OF

No. 2075, Private F. Levigne,

---

In the event of my death I give the whole of my property and effects to my wife, Mrs, Frank Levigne, 216 New Gower Street, St. John's, Newfoundland.

Signature, Frank Levigne, No. 2075,

Rank and Regt, Private, N. F. L. D,

Dat ed July 16/16

CERTIFIED TRUE COPY

NEWFOUNDLAND CONTINGENT

COPY OF WILL

OF

No. 2075, Private F. Levigne,

---

In the event of my death I give the whole of my property and effects to my wife, Mrs, Frank Levigne, 216 New Gower Street, St. John's, Newfoundland.

Signature, Frank Levigne, No. 2075,  
Rank and Regt, Private, N. F. L. D,

Dated July 18/16

CERTIFIED TRUE COPY

NEWFOUNDLAND CONTINGENT

COPY OF WILL  
OF

No. 2075, Private F. Levigne,

---

In the event of my death I give the whole of my property and effects to my wife, Mrs, Frank Levigne, 216 New Gower Street, St. John's, Newfoundland.

Signature, Frank Levigne, No. 2075,  
Rank and Regt, Private, N. F. L. D,

Dated July 16/16

CERTIFIED TRUE COPY

1911

The following is a list of the names of the recipients of the Victoria Medal and the British War Medal.

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

---

Fold Here

Signature

Date

Address

B.T.O.1

11

OCT 5 1921

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

Mrs. Mildred Levigne (Widow)

in respect of his service as No. 2075 and Rank Pte.

Name Frank Levigne Royal Mfld. Regt.  
and Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received by

Signature Mrs. Mildred Levigne

Date Oct. 8<sup>th</sup> 1921

Address 108 New Lower St

ON HIS MAJESTY'S SERVICE.

*Dept. of Militia*

*St. John's*

C.S.O.F. (Plaque Section), *ref'd.*

Royal Arsenal,

London, S.E. 18.



2075

950164

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

E

*Mrs. Mildred LeVigne*

K. 1683.

2075

Nov. 24th 22

Mrs. Mildred Lavigne,  
103 New Gower Street.

Dear Madam:-

With reference to my letter of recent date requesting that you advise this Department whether a private headstone has been erected over the grave of the late No. 2075 Ex-Pte. F. Lavigne, a reply at your earliest convenience would be appreciated, as this information is urgently required.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer



C.R. 2075

Oct..11th 22

Mrs. Mildred Lavigne  
103 New Gower Street.

Dear Madam:-

Will you kindly inform this Department if a private headstone is erected over the grave of No. 2075 Ex Pte. F. Lavigne, and if so, whether it is a permanent one, and please quote the inscription which is inscribed thereon.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

Receipt for Army Book 64

No. 2075 Name F. LeVigne

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

Name Mrs Mildred LeVigne

Date Dec 1<sup>st</sup> 1920

Place 12 Convent Lane St John's City

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

WJ 6<sup>12</sup>/<sub>20</sub>

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
[6-c] W.5017/2124 1000m 6/15as 93 50

Forms  
B. 121  
39.

Regiment of 21<sup>st</sup> Newfoundland Regiment

Signature of O. C. Company

Number of Shoes 1  
*Woken dell*  
*Andy H. Coy*

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>2075</u>	<u>Le Digne</u>	Age on	<u>26</u>	years			months
Joined	Date	Place and Date of Enlistment	Trade <u>Cotton Wheeler</u>		Religion <u>R. C.</u>			
Joined	Date	Period of						
Joined	Date	with Colours	Place of Birth <u>St John's Nfld.</u>					
Joined	Date	with Reserve						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Newton on Dep</u>	<u>12/5/16</u>	<u>Pte.</u>	<u>1</u>	<u>Drunk + Disorderly</u>	<u>Cpl. E. Ellis</u>	<u>Admonished</u>	<u>12/5/16</u>	<u>Lieut. G. W. Ayre</u>	<u>P.O.</u>
"	<u>10.6.16</u>			<u>Insubordination</u>	<u>Cpl. E. Ellis</u>				
"	<u>11.6.16</u>		<u>2</u>	<u>Drunk &amp; Lighting in barracks whilst on duty</u>	<u>Cpl. Jansley</u> <u>Cpl. Jupp</u> <u>Pte. Perry</u>	<u>7 days CB.</u>	<u>13.6.16</u>	<u>Col. C. Whitaker</u>	<u>Fined 2/6</u> <u>W.P.</u>
"	<u>24.6.16</u>			<u>On George St. at 11.10 P.M. without pass</u> <u>② Failing to comply with an order</u>	<u>Cpl. Tuff</u> <u>Pte. Trease</u>	<u>168 hrs detention</u>	<u>26.6.16</u>	<u>Lt. Col. Whitaker</u>	<u>Forfeits 1 days pay</u> <u>W.P.</u>
				<u>Medically Unfit</u>	<u>25/7</u>				

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
REF. 38. NO. 1185/4  
DATED FEB. 9. 1917.

To be carried over

Army Form B. 121.

Casualty Form—Active Service.

Regiment or Corps 1<sup>st</sup> New Zealand Regt Regimental Number CR 2075  
 Rank Pte Surname LeVigne Christian Name J.  
 Religion R. C. Age on Enlistment 26 years — months.  
 Enlisted Jan. 17/16 Terms of Service (a) duration of war Service reckons from (a) —  
 Date of promotion to present rank — Date of appointment to lance rank —

Extended { — } Re-engaged { — } Qualification (b) —  
 or Corps Trade and Rate —

Signature of Officer i/c Records.

COPY SENT TO  
 O.C. HQ  
 ST. JOHNS, N.F.L.D.  
 Date 11/8/16  
 N.F.P.38. No. 1185/16  
 DATED FEB 0 - 1917

Report From whom received	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
	Embarked ...	<u>Saint-Jean</u>		<u>9.7.16</u>
	Disembarked...	<u>Reven</u>		<u>10.7.16</u>
	<u>went joined Battalion</u>	<u>France</u>	<u>21 JUL 1916</u>	
<u>12.8.16</u>	<u>88F. Amb. Trans. Shell W., B.F. 11th, 10 L.L.S.</u>		<u>12.8.16</u>	<u>E.D. 1729.</u>
	<u>Brighton</u>	<u>Transvaal to England</u>	<u>109 B.R.C.P.</u>	<u>SD 3083</u>
		<u>Calais</u>	<u>25/8/16</u>	
	<u>Ad Clerk</u>			
	<u>Capt for Lt Col.</u>			
	<u>Officer i/c Casualty Records</u>			
	<u>3rd Battalion</u>			

(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, Shoing-smith, &c.