



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3055 Name John J. Leach Corps Col. 2.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John J. Leach
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 3 Months
5. What is your Trade or Calling? 5. Labourer
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? II. Yes

I, John J. Leach 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.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the rank of.....

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

Date.....
Place.....
..... Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, vis:—(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 Robert Lloyd

Apparent age 19 years 0 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches
Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Lloyd
Little Brook, Providence, R.I. | Relationship Father

Particulars as to Marriage
Bay

(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 _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days

 " " Pensions " " " " " " " " " " " " "

3955



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3955 Name Robert L. Lloyd Corps Col E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Robert L. Lloyd</u> |
| 2. What is your full Address? | 2. <u>Little Beach of Fair Water Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Robert L. Lloyd 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.

25/9/17 SIGNATURE OF RECRUIT.

Robert L. Lloyd Signature of Witness.

Robert L. Lloyd OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robert L. Lloyd 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. Johns on this 25th day of Sept. 1917.

Signature of Attesting Officer J. J. O'Rourke

† 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 1st Newfoundland Regt If enlisted by special authority, such will be attached to the original attestation.

Date Sept 25/17 Place St. Johns

J. J. O'Rourke Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name *W. S. D. ...*
 Apparent age 19 years 5 months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 1 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *James ...*
 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>25-9-17</u>									
Joined at <u>Mohar's</u> on <u>September 25-17</u>									
Discharged <u>July 12/1919</u>									
Contracted with <u>... 11-12-17</u> transferred for <u>...</u>									
Admitted & deserted the <u>... 31-12-17</u> <u>...</u>									
Wounded <u>14-10-18</u> admitted <u>...</u> <u>...</u>									
<u>32nd Coy</u> <u>...</u> <u>...</u> <u>...</u>									
<u>...</u> <u>...</u> <u>...</u>									
<u>...</u> <u>...</u> <u>...</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 14-7-19 (date of discharge) 1 years 293 days
 " " Pensions " " " " " " " "

R. Lloyd

C.R. 3955

F. & P. O.

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 Artillery*
2. Regtl. No. *3958* 3. Rank *Pvt*
4. Name *Hayes Robert*
 (Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade }
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (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? } ✓

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

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

No complaints of no 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. E. Preuner, Capt R.A.M.C.

Station *Hazleydown*
 Date *27-3-19*

Medical Officer in charge of case.

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

To: - Chief Paymaster
Newfoundland Contingent,
Pay & Record Office,
58 Victoria St. S.W.1.



Ref, attached.

Receipt of cheque for £2.0.0.
acknowledged please. His mark for
receipt on reverse of attached.

A handwritten signature in dark ink, appearing to read "P. P. Sudacumbh".

Major, R.A.M.C.
Registrar,
Military Hospital,
Bethnal Green.

LONDON, E.2.
23.11.18.



No. 19114/28

NEWFOUNDLAND CONTINGENT

Par.

N.F.P/48.

To: ~~Officer~~ Commanding,
Military Hospital,
Bethnal Green, N.E.

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

2nd November 1918

With reference to request of (No) 3955 (Rank) Pte
(Name) Robert Lloyd Cheque No. 11100 for
£ 2:0:0 is enclosed for payment to this Soldier as may
be deemed fit.

Kindly complete receipt form on back of cheque before
presenting at a Bank.

A. A. Minshall Maj.

Chief Paymaster & O. i/c Records.

Received

+ His mark.

G. Will.

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 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 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
8955	Pte	Lloyd. R.	\$2 ⁵⁰	

I have the honour to be, Sir,

~~XXXXXXXXXX~~
Your obedient servant.

R. Lloyd.
Lieut. Col.

Date

28-6-18

~~XXXXXXXXXX~~

Not to be Posted

7

Pte Lloyd 3955
1st Newfoundland Reg
Petersons Ward
Bethnal Green
Military Hospital

Dear Sir

Would you kindly
allow me 1 pound 10 shillings off
my approximate credit I Oblige

Pte Lloyd

Emel



Approved please

Registrar, Military Hospital,
Bethnal Green, N.E.

OK f 1-10-0

W.R. 5/1/19

Receipt No. 311

J.H.A.

20439/35.

Military . . .
Bethnal Green. N.E.

December 11 8.

L. Loyd

3955 . . .

Private.

2:0:0.

cheque no 11188
10/11/11

Major.

[Handwritten signature]

P/44

O.K. 2955 The Loyal.

W.R. 9/17/18 Newfoundland Regiment.

To Regimental Paymaster,

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE,
NO. 10663

Will you kindly let
me have ~~£204.55~~ two pounds of
my credit, and oblige
The Loyal.

Newfoundland
Regiment
Bethnal Green

Military Hospital
London E2



Approved please

G. H. Furnish
JMS

[Signature]
Registrar, Military Hospital,
Bethnal Green, N.E. P.d.

3955 The Lodge,
Patience Ward
Bethnal Green
Military Hos

Dear Sir

Please let me have
a remittance of pay for
£2 two pounds.

3955 The Lodge,
1st Newfoundland,
Bethnal Green
Military Hospital

off £2.0.0
Receipt
E.W.C. 28/12/18



Attest

[Signature]
Registrar

Registrar, Military Hospital,
Bethnal Green, N.E.

19114/28

Cheque No 111 00

Military

28nd November

8

Bethnal Green, N.E.

Robert Lloyd

3955

Pte

2:0:0

POSTAGE
PAID
P.S. 1.

58 Newington St
Parsons

Military Hospital
Bethnal Green
London E. 2
16/11/18

O.K.f 2-0-0

M.R 22/11/18

Pay Office

Sir Cheque No. 11100

I do hereby beg to apply for
a remittance of £2 (two pounds) ~~requesting~~ that
it will meet with your approval.

I am

Your obedient servant

3955 Pte Robert Lloyd
1st Royal New Foundlands.

Elms

Pay book enclosed

Approved please

Registrar, Military Hospital,
Bethnal Green, N.E.



19114/28

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. No. HV	10059
NOV 22 1918	
Check'd	Alld
Ref. Nos. 00119114/28	
ELABORATED	BY
Comd	
P & A	
R & G	
B & F	

5-1

No. 3955 Rank Pte Name Lloyd R.

Pay	F.A. Wkg	Total
100	10	110
Less Allotment		60
Net Rate		50

N.E.P/33

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	\$			£ s d		
						From	To								
Balance					Balance		5						1	3	0
Acquittance Rolls		5	13	8	Pay @ Net Rate	6	7	29/9	199	50	99	50	20	8	11
Hospital Advances					R.A.	20	7	29/9	10	2/1			1	0	10
A.B. 64.															
F.&R.O. Payments		7	10	0	9-6-1	2	1	29	6	50	3	00	12	4	23 05 1
Cash R 582	20/9	9	0	0	Pay -	2	1	29/9	3	50	1	50	6	2	23-11-3
					br. Bill # 1-5										
Cash R. 1099		1	0	0	br. Prod.										
Cash Recpt. 1133	29/9			2	7										
Hosp. Roll					pay -	30	1	5/2/9	7	50	3	50	14	5	24-5-8

£13-3-8

20/9

£22-3-8

£23-3-8

£24-11-3

22-12-9

23-11-3

23-11-3

24-5-8

Lloyd, R

3955

Key Sept

October 13, 1919

The Post Master General,
City.

Dear Sir:

On 14th. July a registered
letter No. P6001, was forwarded to #3955, P. Lloyd
Little Brook, Labrador.

Mr. Lloyd has called to this
Office and states that the letter was not received
by him, and that as he is not returning to
Labrador, would you kindly cause the letter referred
to, to be returned to this office.

Yours truly,

Lieut.
For Paymaster.

7355



General Post Office,
St. John's, Newfoundland

November 10th, 1919.

Dear Sir:-

Referring to your communication of October 15th, respecting a registered letter No. P. 6921, posted by your Department on July 14th, addressed to #3035 P. Lloyd, Little Brook, Labrador, the matter was submitted to the Mail Clerk Labrador T.P.O., who states that the letter under consideration was despatched to Rigolet. The Postmaster at Rigolet states that this letter was forwarded to Indian Hk., as that is the nearest office to Little Brook.

Inquiries were then made from the P.M. Indian Hk., who advises this Department that the said letter was delivered to Mr. James Lloyd, father of the addressee.

Yours truly,

Asst. Secretary.

Lieut. R. R. Crawford,

Dept. of Militia.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

October 28th., 1919.

Major J. M. Howley,
Paymaster.

3955, Ex-Pte. Robert Lloyd.

Dear Sir:-

Please find enclosed herewith certificate forwarded to the marginally named man, which is enclosed in a letter from Dr. Henry L. Paddon, Resident Medical Officer, Indian Harbour, Labrador, with the following comment:-

"This man has not returned to
"Groswater Bay at all, and I
"cannot discover his whereabouts".

Yours faithfully,

Lieut. Colonel.
Reserve of Officers.

CM:AMB.

ENCLOSURE.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 90⁰⁰

Oct 14 19 17

Received from the First Newfoundland Regiment
the sum of Ninety Cent ~~Dollars~~
~~on account~~ of Pay.
balance

Robert Lloyd

Regtl. No. 3954 Rank Pte

Ch. No. <u>14692</u>	Initials. <u>C.B.A.</u>
Pay Ledger <u>435</u>	Initials. <u>WR</u>
Gen. Ledger.....	Initials.....

Witness C.B. Jefferton

No. 3955

Rank *Plt*

Name ~~*[illegible]*~~

Lloyd

July 14, 1919

#3955 Pte. Robert Lloyd,

Little Brook,

Labrador.

Dear Sir:-

Please find enclosed Discharge Certificate #3955

Yours truly

Paymaster & C. i/o records. Captain



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..... *Robert* 2. Surname..... *Lloyd*

3. Rank..... *Private* 4. Regtl. No. *3955*

5. Address in full to which future payments of gratuity are to be forwarded..... *11 Queen Street*

..... *St. John's*

6. Date of enlistment in the Regiment..... *Sept. 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *none*

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 Nfld. If so, give dates and particulars of such service..... *no. I went overseas Jan. 1918*

.....

.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *one year nine months*

..... *1 1/2*

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

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..... *ho*

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

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

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..... *ho*

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *not applicable*

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

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....
..... *France 1918. Belgium 1918*

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: ^{his} Robert X ^{marks} Leves

Place of Residence: St. John's

Declared before me at: St. John's

This 16th day of June 1919.....

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

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

I hereby certify that the above is a true and correct copy of the original as the same appears in my records.
 Witness my hand and seal this 16th day of June 1919.
 Chas. C. Hunt
 Notary Public
 St. John's, Nfld.

Receipt for Army Book 64

No. 3955 Name A. Lloyd

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

his
Thomas J. Lloyd
Name.....

Date Sept 15, 1920

Place Indian Harbor, Lab.

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

11
15/20
WJ

C.R. 3955

Extract from daily orders part II Royal Newfoundland Regiment.
Depot Coy. John's dated 17-7-19.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records from noted date
14-7-19.

3955, Pte. Robert Lloyd.

C.R.

3955

Extract from Daily Orders Part II Unit the Royal WFLA.
Regt. St. John's, June 19-1919.

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

3955 Pte. R.Lloyd.

CR. 3955

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919.

3955, Pte. R. Lloyd.

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

RE "Corsican"

C.R. 3955

Extract of Casualties from Pay & Record Office London,

3955 PTE. R. Lloyd.

Ex Bethnal Green Mil. Hospl. 20/1/19, is granted furlough by the P.
& Record Office to 29/1/19. Marked 111 Employment.

A. Fs. W.3016 from Hospl. Bethnal Green.

C.R. 3955

Nov. 6th., 1918.

Mr. James Lloyd,
Little Brook,
Gros Water Bay, Lar.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3955 Private Robert Lloyd, is now progressing favourably.

Yours faithfully,
Lieut. Col.,

Chief Staff Officer.

CD 3955
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Oct 21st, 1918

To James Lloyd, Little Brook, Gros Water Bay, Labrador

Regret to inform you that Record Office, London, officially reports No. 3955, Private Robert Lloyd, at Military Hospital Bethnal Green, London suffering from G.S.W. shoulder and scalp.

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

J.R. Bennett

Minister of Militia.

Chge Dept of Militia.

FOR TYPEWRITER

C.R. 3955

Extract from Casualties received from Pay & Record
Office London, 19 Oct. 1918.

Admitted Military Hospital Bethnal Green.

3955 Pte. R. Lloyd.

G.S.W. Shldr. Scalp.

C.R. 3955

Extract from War Office List No. H.A. 30366.

ADMITTED SR STY. H. WIMBORNE 15 OCT. 1918.

#3955 Pte. R. Lloyd.

S.W. BACK AND SHOULDER.

C.R. 3955

Extract from War Office List.

#0. 1733 dated 11. 18.

#3955 Pte. R. Lloyd.

Wounded 14. 10. 18.

BC.

C.R. 3955

Extract from Nominal Roll to B.E.F. embarked
Folkestone 2-7-18

#3955 Pte.R.Lloyd.

C.R. 3955'

Extract from Casualties received from Pay and
Record Office, London dated January 4th., 1918.

Admitted

To 3rd. Scottish General Hospital, Stobhill, Glasgow
31/12/17.

The u/m was admitted from H.M.T. "Missanabie"
on arrival at Glasgow Docks on 31/12/17.

#3955 Pte. R. Lloyd.

Thurpe

CP 3955

Extract of Telegram received from London, dated
January 4th, 1918.

#3955 Pte. Lloyd. ✓

Suffering from
Mumps. Admitted 3rd Scottish General Hospital,
Glasgow from "Missenabie" December 31, 1917.

C.R. 3955

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

#3955 PTE. R. LLOYD.

C.R. 3955-

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Sept. 25th, 1917 ~~XXXXXXXXXX~~

3955 R. Lloyd.

Attested on Sept. 25th, 1917 posted to G. Coy, and
assigned number as shown.

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

MEDICAL HISTORY

OF

Christian Name

Robert

Surname

Pat. T-21 FN 17/10/18 L Logg

Table I.—GENERAL TABLE.

Birthplace:—Parish

Linn Brook N.W. B. County N.Yea

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	<i>25</i>	<i>Sept</i>	<i>1917</i>	<i>191</i>
	at	<i>St. Johns</i>	at	
Declared Age	<i>19</i>	years	<i>0</i>	months
Trade or Occupation	<i>Lidherman</i>			
Height	<i>5</i>	feet	<i>7 1/2</i>	inches
Weight			<i>129</i>	lbs.
Chest Measurement	Girth when fully expanded...		<i>36 1/2</i>	inches
	Range of Expansion..		<i>1</i>	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <i>6/6</i>		R.E.—V=	
	L.E.—V= <i>6/6</i>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Linn Brook</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>St. Johns</i>	at	
	on	<i>25</i>	on	<i>1917</i>
		day of <i>Sept</i>		day of <i>191</i>
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>1st N.Yea</i>	<i>3955</i>		
Transferred to	<i>ROYAL NEWFOUNDLAND REGIMENT</i>			
Became non-effective by	on	day of	on	day of
		<i>191</i>		<i>191</i>
(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 future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd SCOTTISH GENERAL	31	12	14	22	2	15	28 Mumps.	32	Admitted direct to Civil Isolation Hospital, Glasgow from H.M.T. "Missinake" on 31-12-14	<i>Belvedere</i> Rusell D. D. D. Capt. D. D. D.
							222.c. Anisotropia. Hypermetropia - Astigmatism. - both eyes.		My perimetropia & astigmatism: suffering from spasm of accommodation: eyes healthy (Eye specialist report 20.1.18) To duty.	
	10	MAR	1918	28	MAR	1918	Measles	18	Recovered. Discharged to duty	M. B. S. Barroch, C.M.P. H. G. Lawton Capt. R.M.C.
Bethnal Green Military Hospital, Cambridge Road, E.	17	10	18	20	1	17	G.S. W. Head. Shingles.	105	Scalp dirty & rough. has crust. Disposed	B. Whitehead Howes Capt. R.M.C.



MEDICAL OFFICER

U.K. or Expeditionary

AUXILIARY Hospital

Army Form 1237.

WARD *Patience*

Forms

I. 1237

12

MEDICAL CASE SHEET

FN
W.
No. in Admission and Discharge Book.

Regimental No. *8953* Rank *Pvt* Surname *Lloyd* Christian Name *P.*

Year

Unit *1st Royal Newfoundland* Ago *19* Service *1 9/19*

Station and Date.

Disease *G.S.W. head*

Notes copied from Field Medical Card.

wounded 14.10.18.

Dirt wound scalp. - Foment

2-3. back of both shoulders.

This patient was evacuated here after *2* days weeks months in Hospital abroad, or at.....
1500. 14.10.18

Date of Admission to B.G.M.H.

18.10.18

A.T.S.
Unit. *500.*
Date *21.10.18.*

Scalp. Dirt - Foment & Foment
Dirt shoulders Dressed
at the back from above down
no nerve injury

1001 Head very slapping

57
11 NOV 1918
In my opinion would case of "Scabies" -
active lacer. scalp - Ag - a - a - to be applied
lucid - after scrubbing with hot water: do not: scrub
again ends - Unsp. Sulphur is the rubbed in -
for 5 or 4 days -

11.6.19. Satisfactory wound healed
Shirley H. Stone
Capt. R.A.M.C.

Next of Kin

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3955 Rank P6 Name Lloyd R
 Intended place of residence Littlebrook Labrador

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUN 16 1919

H. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUN 16 1919

Robt. L. Lloyd
 Signature of soldier

Mr. Clouston
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUN 16 1919

Robt. L. Lloyd
 Signature of soldier

James Chenevix
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25-9-17 No. of days on Military
 Discharged from service 30-6-19 Plus 14 days Service 658

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 JUN 30 1919

R. H. Lait Major
 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 July 14 1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

a 9/B 2079/3005

21-1-19

C. 2. Casualties.

COLONIAL CONTINGENTS ONLY.

Army Form W. 2928A.

(Continuation sheets are supplied separately.)

Military

HOSPITAL, at Bethnal Green

Affiliated to

NOMINAL ROLL of Sick and Wounded from the

Expeditionary Force

admitted on

from Hospital Ship

Southampton

* Here insert which Expeditionary Force.

Dover.

The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission:

- (i) One copy direct to the War Office, Alexandra House, Kingsway, W.C.
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above)
		Sent to 58 Victoria St for disposal 20. 1. 19		
3955	Pte	Lloyd Robert	R. Newfoundland Regt D Coy	G.S.H. shoulder
<p style="font-size: 2em; text-align: center;">Casualty Extra</p> <p style="font-size: 2em; text-align: right;">G. J. Smith</p> <p style="text-align: right;">Major R.A.M.E.</p> <p style="text-align: right;">Bethnal Green Military Hospital Camden Heath, N.E.</p>				

Nº 4469



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Lloyd, Regl. No. 3955

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 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 December 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3783	Wife	David Lloyd	St. John's	50.
	Child			
	Friend			
Total Allotment, \$				60

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

Sig.) [Signature]
 Officer Commanding Company
[Signature]
 612-191

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

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 N. F. L.P.* 7. Former Trade or Occupation }
 2. Regtl. No. *3955* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Lloyd* *Robert* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday... *20*
 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
 (b) Where (if any)
 (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. *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? } ✓

Complains of no disability-

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

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

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

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?

Repatriation

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

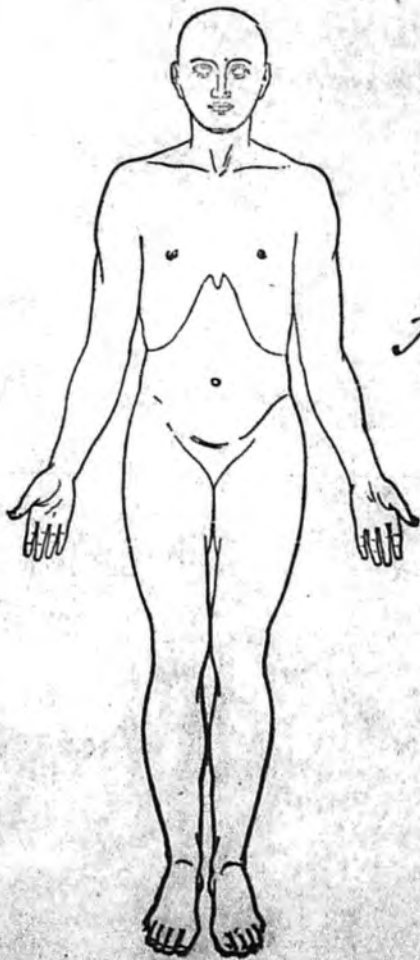
W. S. Proccurier. Capt. R.M.S.

Medical Officer in charge of case.

Station .. *Hazleydown*
 Date .. *27-3-19*

* 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

Lloyd
No Circumflex
14.10.18



J. J.



Dist
surface
Femur



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, R Lloyd, Regl. No. 3955

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per 'diem, from my Pay, to, and for the benefit of the undermentioned Person ^{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 December 1/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3283	In name of self	Band of music	St Johns.	60.
	and on behalf of	The Governor	St Johns Labrador	
Total Allotment, \$				60

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

Sig.)

W. Lloyd

Officer Commanding Company

(S) R Lloyd
(Rank)

St John St
612-191

Witness W. Lloyd

Corps *1st A. Inf. Div.*

CLINICAL CHART.

(Type attached to Case Sheet.)

Military Hospital *Patrol Camp* Army Form B 181.

No. *2966*

Rank and Name *Pvt. P. Lloyd*

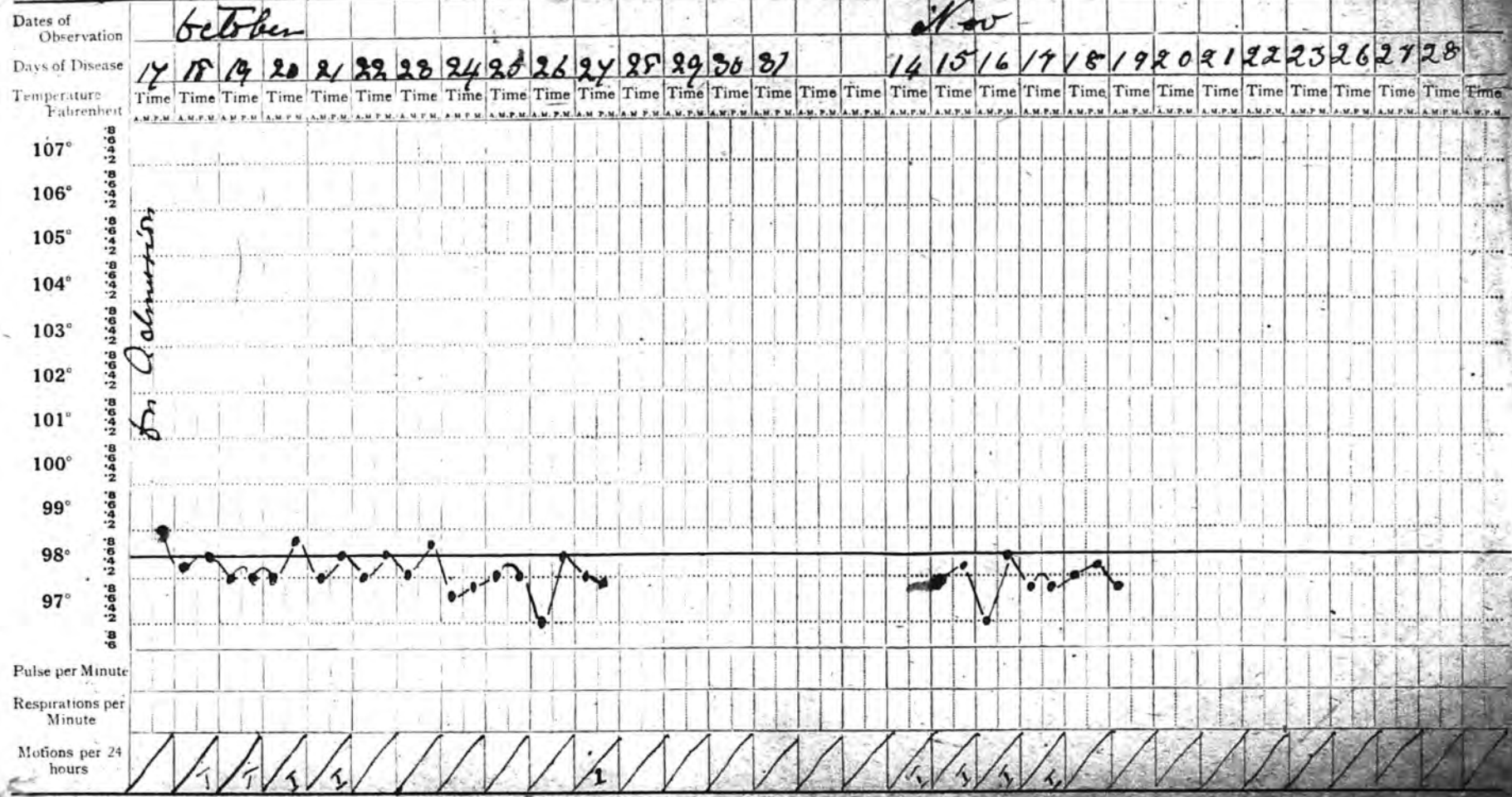
Age *19*

Service *1 1/2*

Disease _____ Date of admission *14.10.18*

Date of discharge _____

Result _____



Signature _____

In charge of case _____

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39

Number of Sheet First

Regiment of 1st Newfoundland

Signature of O. C. Company [Signature]

Regimental No. and Name
No. 3955 Lloyd Robert
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____
Joined _____ Date _____

Enlistment
Age on 19 years 5 months
Place and Date of Enlistment St John's
25-9-17
Period of with Colours 293 years.
with Reserve 365 years.

Trade Sickerman
Religion C of C.
Place of Birth _____

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or order dispensing with trial	By whom awarded	REMARKS
<p style="font-size: 2em; font-family: cursive;">Discharged St. John's, 14/7/19</p>									
<p>To be carried over</p>									

Army Form B. 121

No. 3955 Name *Lloyd R.*

Sqn., Batty.,
or Company

Royal Newfoundland

Corps

Date of
enlistment

25-9-17

G.C. P. S. B. Badges

Service or
Proficiency Pay

Date of last entry in
Company Conduct Sheet

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

freedom from extra fine

Sheet No.

1

Signature O.O.
Company, etc.

W. H. ...

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
									<i>20th 14/10/18</i>
									<i>Quit</i>
									<i>17/18</i>

Army Form B. 192.

Army Form B. 103.

Regimental Number 3955

Casualty Form - Active Service.

Regiment or Corps 1st Royal Newfoundland 75-7-1897

Rank Pte Surname Lloyd Christian Name Robert

Religion C of E Age on Enlistment 19 years 5 months

Enlisted (a) 25.9.17 Terms of Service (a) Duration Service reckons from (a) 25.9.17

Date of promotion to present rank Date of appointment to lance rank

Extended S Re-engaged [Signature] Qualification (b)
or Corps Trade and rate

Occupation Fisherman [Signature] Signature of Officer



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
		<u>AI</u>	<u>Embarked</u>	<u>2 JUL 1918</u>	
		<u>78-6-18</u>	<u>Disembarked</u>	<u>5 JUL 1918</u>	
			<u>Joined Battalion</u>	<u>Field</u>	<u>9-7-18 B.213 13/7/18</u>
			<u>Wounded in Action</u>	<u>14-10-18</u>	
	<u>3 Am CCS As PW Shawcross</u>			<u>14/10/18</u>	<u>Co 0289</u>
	<u>32 Platy Mp</u>		<u>Waverley</u>	<u>15/10/18</u>	<u>RA 30366</u>
	<u>[Signature] 32 Platy Mp</u>			<u>17/10/18</u>	<u>W 3053</u>
			<u>For Officer in No 1 Infantry Section</u>		
			<u>3rd Echelon General Headquarters</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, Shoring-Smith, &c.

Next of Kin:

Father, James Lloyd, Little Birch, Cross Water, Bay St. John

43955

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5955 Rank Pvt. Name Lloyds R
 Date of Enlistment 25-9-17 Address Little Brook District Salmon
 Occupation Seaman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2	1237-1	" 6
B 179c	B 120	M 93	181-1	

Date 14-6-19 H. M. H.
 Jno. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
mit Ruemen R. Lloyds

Particulars passed to Vocational Officer for information and action.

Date 16-6-19 Alfred Lister

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied _____

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Little Britain and Release Certificate No. 804 issued.

Date 16-6-19 H. M. Main
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 11-1-19

Date 11-1-19 H. M. Main
Depot Paymaster.

Discharge approved for 31-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178b	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>1237-1</u>	" 6
B179c	B 120	M 93	<u>187</u>	

2 Form B

Date 16-6-19 H. M. Main
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 30 1919 R. J. [Signature]
O. C. Discharge Depot.

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

Date June 27/19 [Signature]
[Signature]

Reg. No. *3901.* Rank *1st Lt* Name *Alfred A.*

Attested Address *Little Brook*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Connaught* Cause *Discharge*

14.6.19 PASSED TO OFFICER

30.1.19 DISCHARGE APPROVED ON DEMOBILISATION.

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 *Robert Lloyd*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3955*

Intended address *Little Brook, G. Water Bay*

Height on discharge *5* Feet *5*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *98 in. shoulders, head*

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Little Brook, May 15th, 1899*

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)

Station

Rt John

Date

13 6-19

(Rank)

Robert Lloyd *Plt.*

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

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 take a Course in Navigation
or Carpentry.*

Robert x Lloyd
Signature of Man.

Reg. No. *3966*

N. C. Matthews
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

June 16/19 191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5955 Rank Pvt Name Lloyd R
 Date of Enlistment 25-9-17 Address Little Book District Lahoe
 Occupation Seaman Classification for Discharge E Medical Category A
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>1237-1</u>	" 6
B 179c	B 120	M 93	<u>181-1</u>	

Date 14-6-19 for C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

mt men
R^{li} Lloyd
mark

Particulars passed to Vocational Officer for information and action.

Date 16-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing supplied _____

Date 16-6-19

O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. to his home at Little Brook No main and Release Certificate No. 2809 issued.

Date

16-6-19

J.A. Snow left
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-7-19

Date....

16-6-19

H.M. Lewis Lieut.
for Depot Paymaster.

Discharged approved for

30-6-19

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

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 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	<u>1237-1</u>	" 6
B179c	B 120	M 93	<u>181</u>	

2 Form B

Date

16-6-19

J.A. Snow left
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 30 1919

Date

R.H. Salt Capt.

O. C. Discharge Depot.

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

Date.....

The Royal Newfoundland Regiment

Class for Demobilization: 8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 14.6.19

Regimental No 3955

Name Lloyd Rank Rank

Address Littlebrook S. Water Bay

Present Medical Category Ai

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

Members of Board

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

Waterson
Senior Medical Officer

D.W. Burden
~~M. O. Depot~~

Dept. of Veterans Affairs
War Service Records
DEPARTMENT OF VETERANS AFFAIRS
MAR 2 1964

To ● Copy for H.O. file
Attention of

Referred to IA
Charged to _____

48 45 72
Date Ottawa Ont.
Feb 26/64

NAME LLOYD, Robert

SERVICE NUMBER 3955
NFLD FORCES

C.P.C. No.
W.V.A. No. 213896

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from
District Authority DVA. February 25, 1964. St. John's Nfld. Tele Memo.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Not stated.
Cause of Death _____
Place of Death Not stated.

Name and Address of next of kin (if known) _____

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

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry