



FIRST NEWFOUNDLAND REGIMENT

4073

ATTESTATION OF

No. 4073 Name James Locks Corps Militia

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>James Locks</u> |
| 2. What is your full Address? | 2. <u>Little Bay Islands N.S Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Posterman</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, James Locks 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.

James Locks SIGNATURE OF RECRUIT.
Robert Paul Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Locks 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 Little Bay on this 6th day of Nov 1917
 Signature of Attesting Officer Walter W.

†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 Regt
 If enlisted by special authority, such will be attached to the original attestation.
 Date Nov 6 1917
 Place St. John's } 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 James Locks
 Apparent age 18 years 10 months. Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm Locks
Little Bay Islands N.O. Bay Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>6-11-17</u>									
Joined at <u>St John's</u> on <u>November 6-17</u>									
<u>Discharged July 10, 1919</u>									
	<u>Embarked St John's</u>	<u>St. Kitts</u>		<u>11-12-17</u>					<u>Embarked for 1st Lt 27/18</u>
	<u>Disembarked France</u>	<u>5-7-18</u>	<u>Home</u>	<u>22-4-19</u>					<u>Transferred to Newfoundland</u>
	<u>for demobilization</u>	<u>22-5-19</u>	<u>Arrived Newfoundland</u>	<u>1-6-1919</u>					
	<u>Demobilization</u>	<u>St John's</u>		<u>10-7-1919</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 10-7-19 (date of discharge) 1 years 247 days
 " " Pensions " " " " " " " " " " " "

6
C.R. 4073

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

The discharge of the undernoted conscription has been
COMPLETED by Officer i/c Records with effect from 10-7-19.

4073 Pte. James Locke.

C.R. 4073

Extract from Daily Orders Part 11 Unit The Royal Wilt.
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 26-6-19.

4073 Pte. Jas. Locke.

C.R. 4073

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

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

#4073 Pte. J. Locke.

C.R. 4073

Mar. 26th. 19.

Mrs. Lionel Locke,
Little Bay Islands.

Dear Madam:-

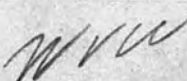
I beg to inform you that we have received an answer to the telegram that we forwarded to our Pay & Record Office London, regarding the whereabouts of #4073 Pte. Jas. Locke, which states that he is now with the 1st., Battalion of the Royal Newfoundland Regiment, and in good health.

If you wish to write him his address will be:-

#4073 Pte. Jas. Locke,
Royal Newfoundland Regiment,
B. E. F.,
c/o Pay and Record Office,
58, Victoria Street,
London, S. W. 1.
ENGLAND.

Any further information that we get will at once be communicated to you.

Yours faithfully,


Lieut.
Casualty Officer.

EVW/BC.

R. 4073

Extract of Telegram from Syn., London, to
Military.

March 25th/19.

IN ANSWER TO YOUR TELEGRAM MARCH 24th.

#4073 Locke. B.E.F.

C.R. 4073

Extract from telegram sent to Synoptical London, Mar. 24-19

Inform whereabouts 4073 Locke.

C.R. 4073

Mar. 24, 19.

MRS. LIONEL LOCKE,
LITTLE BAY ISLANDS.

Dear Madam:-

I am directed by the Minister of Militia, to acknowledge receipt of your telegram of March 22, regarding the whereabouts of #4073 Pte. Jas. Locke, and in reply I beg to state that we have forwarded your enquiry to our Pay and Record Office, London and upon receipt of a reply shall immediately communicate with you.

Yours faithfully,



Lieut.
Casualty Officer.

WVW/BC.

Form No. 1

CRI 4073

NEWFOUNDLAND POSTAL TELEGRAPHS.



CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent by ms Rec'd by [Signature] Check No.

Place from Little Bay

To J. R. Penner

Men of Penner

MAR 22 1919

Wish you to find out
 where 4073 Joke James
 Lock is 5 months since
 heard from Reply.
 Mrs. Lowell Locke

C.R. 4073

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

4073 PTE. J. LOCK.

C.R. 4073

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Nov. 6th, 1917.

4073 Pte. J. Locke.

Attested for General Service with the 1st Nfld. Regt.,
with effect from Nov. 6th, 1917.

J. Locke

C.F. 4073

PRC

Medical Report on an Invalid.

Station Hazelby D. Camp
 Date 30-4-19

- | | |
|--|---|
| <p>1. Unit <u>Royal Newfoundland</u></p> <p>2. Regimental No. <u>4073</u></p> <p>3. Rank <u>1st Lt</u></p> <p>4. Name <u>Locke James</u></p> <p>5. Age last birthday <u>20</u></p> <p>6. Enlisted { on <u>Oct 6-11-17</u>
 at <u>St Johns</u></p> | <p>7. Former Trade }
 or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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.

- | | |
|---|---|
| <p>9. Date of origin of disability.</p> <p>10. Place of origin of disability.</p> <p>11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.</p> | <p><u>nil</u></p> <p><u>nil</u></p> <p><u>nil</u></p> <p><u>nil</u></p> |
| <p>12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—</p> <p>(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).</p> <p>(b) constitutional or hereditary, and not aggravated by service during the present war.</p> <p>(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.</p> | <p><u>nil</u></p> |

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.

No complains of no disability.

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

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

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?

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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

n.a.

Repatriation

20. Do you recommend—

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

G.E. Proctor

Capt R.A.M.C.

Officer in medical charge of case.

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

Station *Buzley D. Camp*

Date *30-4-19*

Officer in charge of Hospital.

*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.

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 the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4073	Pt	Locke J	\$2 ⁵⁰ / ₁₀₀	

I have the honour to be, Sir,
~~for the Committee,~~
Your obedient servant.

Date

28-6-18

James Locke

Locke J.

4073

Ray Dept

July 12, 1919

#4073 Pte. James Locke,

Little Bay Islands

Dear Sir:-

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

Yours truly

Captain,
Paymaster & O.i/c Records.

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..... *James* 2. Surname..... *Locke*
3. Rank..... *Private* 4. Regtl. No..... *4073*
5. Address in full to which future payments of gratuity are to be forwarded..... *Little Bay Islands, Notre Dame Bay*
6. Date of enlistment in the Regiment..... *Dec 6th 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *not applicable*
8. Relationship of such 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?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *not applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *One year six months and 6 days* 13

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

not applicable

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

no

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

no

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

no

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

no

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

no

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

not applicable

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

no

June 12, 1919. (b) Reason for discharge.

Demobilized

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.

Flanders, Belgium, Germany

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

A: 'no' B: 'no'

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

50422

July 10, 1919

#4075 Pte. James Locke,

Little Bay Islands.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2888

Yours truly

Paymaster & Officer i/c Records
Captain

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4073 Rank Pls Name Locker James
 Date of Enlistment 6-11-17 Address Little Bay Sts District Javelly
 Occupation Asst. Quartermaster Classification for Discharge E Medical Category AD
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 11-6-19 O. C. Discharge Depot. H. Smith

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation
J. Locker

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing supplied~~ Amelbush

Date 12-6-19 O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 191743 to his home at Little Bay Isld and Release Certificate No. 2640 issued.

Date 12-6-19

J.A. Snowcraft
Demobilization Officer

4. Pay and Allowances.

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

Date 12-6-19

R.M. H.
for Depot Paymaster.

Discharged approved for

26-6-19

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 12-6-19

J.A. Snowcraft
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. Sait Capt.

Date JUN 26 1919

O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

10.6.19

Regimental No *4073*

Name

Locke James

Rank

Pte

Address

Little Bay Islands

Present Medical Category

Ai

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

R.H. Lant Capr

O.C. Discharge Depot.

Robson

Senior Medical Officer

Lee Burden

M. O. Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4073 Rank Pvt Name Locke James

Intended place of residence Little Bay Islands

2. Occupation Fisherman

Classification of soldier F Medical Category A 2

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 for Major Levent

Date JUN 12 1919 for Major Levent
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date JUN 12 1919 for James Locke

Signature of soldier

ST. JOHN'S

Wm. Johnston

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 and Date JUN 12 1919 for James Locke

Signature of soldier

ST. JOHN'S

James O'Riordan

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6-11-17 No of days on Military

Discharged from service JUN 26 1919 plus 14 days Service 612

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S RH Saut Major

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

JUN 26 1919

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's Head M Bowley Capt

Officer in Charge Records

The Royal Newfoundland Regiment

Date July 10/1919

AGB 2079/2888

Civil Re-establishment Committee



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

To resume former occupation

Das Locke

Signature of Man.

J. J. Snowlight

Signature of the Vocational Officer or his Representative.

Reg. No. *4073*

ST. JOHN'S.

Place

Date *12-6-19*

191

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

MEDICAL HISTORY

OF

Surname Locke

Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Little Bay Islands N.S.S. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 6th day of Nov 1917	at St. John's	on day of 191	at
Declared Age	18 years 10 days		years	days
Trade or Occupation	Fisherman			
Height	5 feet 4 inches		feet	inches
Weight	127 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 37 inches			inches
	Range of Expansion... 4 inches			inches
Physical Development				
Vaccination Marks	Arm	/		
	Number			
When Vaccinated				
Vision	R.E.—V= 6/6		R.E.—V=	
	L.E.—V= 6/6		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Mountbatten</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St. John's	on 6th day of Nov 1917	at	on day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Nfld. Regt. 4073</u>			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

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

Name in full *James Locke.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4073*

Intended address *Little Bay Island.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Light*

Complexion *Dark.*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Lionel*

Christian name of Mother *Harriet*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Little Bay Isle. 24th Jan 1897*

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)

James Locke

[Signature]
(Rank)

Station

Date

10/6/19

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

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

Station

Date

Medical Report on an Invalid.

Station Hazley born

Date 30/4/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 4073
- 3. Rank plc
- 4. Name Rock James
- 5. Age last birthday 20
- 6. Enlisted { on 6-11-17
at Hazley born
- 7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

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. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

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.

The emphasis of one disability

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

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

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?

n. o.

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

n. o.

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?

n. o.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

n. o.

Repatriation

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Signi W. E. P. ...

Capt Rame

Officer in medical charge of case.

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

Station *Hazeley House*

Officer in charge of Hospital.

Date *30/4/19*

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

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

Casualty Form - Active Service.

Regiment or Corps *1st Royal Newfoundland 6-7-1898*

Rank *Pte* Surname *Locke* Christian Name *James*

Religion *Meth* Age on Enlistment *18* years *10* months

Enlisted (a) *6.11.17* Terms of Service (a) *Duration* Service reckons from (a) *6.11.17*

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

Extended { } Re-engaged { } Qualification (b)
of Corps Trade and rate

Occupation *Fisherman* *J. A. Curson Capt.* 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				
		<i>AI</i>	<i>Embarked</i>	<i>2 JUL 1918</i>	
		<i>78. 6. 18.</i>	<i>Disembarked</i>	<i>5 JUL 1918</i>	
			<i>Joined Battalion</i>	<i>Field</i>	<i>9.7.18 based 13/1/18</i>
		<i>Arrived in UK</i>		<i>7/4/19</i>	

JMT

(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, Spang Smith, &c. W 312733 20.000 9/17 (25/11) C. P. & S., Ltd., Form B.103 E/1907. P.T.O.

NEXT OF KIN *Father, Lionel Locke, Little Bay East, Nfld*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland

Signature of O. C. Company

Number of Sheets

one
H. Staley

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4073 Locke J</i>	Age on	<i>18</i> years <i>10</i> months	<i>Soldier</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<i>Method</i>	
Joined		Date	Period of	} with Colours <i>247</i> years. } with Reserve <i>365</i> years.	Place of Birth
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized Pt. John's 10⁷/₁₇</i>					

To be carried over

54073

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4073 Rank Private Name Locker James

Date of Enlistment 6-11-17 Address Little Bay St. District Sawallgate

Occupation Soldier Classification for Discharge 17 Medical Category A1

Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11-6-19 for O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

[Signature: J. Locker]

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied [Signature]

Date 12-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 19.1743 to his home at 304 Bay St and Release Certificate No. 2640 issued.

Date 12-6-19

J. H. Howlett
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 11-7-19

Date 12-1-19

H. M. ...
Depot Paymaster.

Discharge approved for 26-6-19

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

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 12-6-19

J. H. Howlett
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 26 1919

Date

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

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

Date June 20/19

Handwritten signature for records

Reg. No. *4073*. Rank *Private* Name *Walker James*

Attested Address *Little Bay Islands*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Corrian* Cause *Discharge*

11-6-19 PASSED TO DEMOBILIZATION OFFICER
26-8-19 ~~DISCHARGE~~ APPROVED ON DEMOBILISATION.