



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5247 Name Allan Lundrigan Corps A.C.

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Allan Lundrigan
- 2. What is your full Address? 2. 8 Elmwood St
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 27 years Months
- 5. What is your Trade or Calling? 5. Butcher
- 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? 11. yes

I, Allan Lundrigan 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.

Allan Lundrigan SIGNATURE OF RECRUIT.

John Pittman Signature of Witness.

Allan Lundrigan OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 21 day of May 1915.

Signature of Attesting Officer C. P. Dicko Lieut.

†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 Private.

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

Date 1915

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, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

C.R.

5247

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

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

#5247 Pte. Allan Lundrigan.

C.R! 5247

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. St. John's, June 19th, 1919.

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

5247 Pte. A. Lundrigan.

CR 5247

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 Harre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5247 Pte. A. Lundrigan.

C.R. 5247

Extract from Nominal Roll of draft No. 86 from the 2nd.,
Battalion of the Regiment Winchester to the 1st., Bde
P. M. F. Embarked Southampton 23/11/18.

#5247 Pte. S. Lundrigan.

C.R. 5247

Extract from Daily Orders part 11 Unit ~~The~~ The Royal Nfld. Regt.
St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 3046-19

5247 Pte. Allan Lundrigan.



C.R. 5247

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

June 7th.,

1918.

From O. C.
Depot.

To D. O. C.
Militia Department.

Sir:-

5247 Pte. A. Lundrigan

Above noted man was attested to report for duty on 1-6-18. He did not report on that date but came to Depot today after having been sent for by Regimental Police.

On enquiry he claims to be the sole support of his mother and crippled brother (19 years of age). His father has been away from home for twelve years and has not been heard from during that time, so is presumed dead. The crippled brother, he states, is able to work occasionally, but not constantly.

I explained to Lundrigan the difficulty of releasing an attested man; and have placed him on duty with his Company, and had him declare an allotment of seventy cents per day in favor of his mother, and also make application for Separation Allowance.

If this is granted, a total of, roughly eight dollars and ninety cents per week (\$8.90) should be available for his mother, and as he stated his weekly help to her was between eight and nine dollars, her financial position would not be ^{altered} ~~deterred~~ by his retention in the ranks.

I have the honour to be,

Sir,

Your obedient servant,

W. D. White
to O.C.

Widow
Cuppled Brother 19 }

8. Guilmon St.
St. John's.

May 31st.

Major Montgomerie
City.

My "S" boy

O. C. DEPOT,
FOR YOUR INFORMATION AND ATTENTION
District Officer Commanding,
Newfoundland. Major

Dear Sir, Aug 21

My Son volunteered some few days ago and I understand he has to go up to drill soon. He did this without my knowledge & consent. He is my only support and I'm a widow now it is my wish that he be stopped, and allowed to stay home. I was advised to write you about this and was given to understand that you were in a position to take the matter up and if my request could be granted you would use influence to that end.

P.S.
an early reply will be greatly appreciated.

I Remain
Yours Sincerely
Fred Lundrigan

C.R. 5247

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

5247^m Pte. A. Lundrigan.

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

C.R. 5247

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 22, 1918.

#5247 Pte. A. Lundrigan W

Attested for General Service with the Royal Nfld.
Regt. 21.5.18 to report 1.6.18

A Lundrigan

C.R. 5247

1890

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Laborer*
2. Regtl. No. *5247* 3. Rank..... *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Sundrigan Allan* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*
6. Posted for duty on *May 21/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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?

na
na

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

15. What is his present condition?

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

de amplexi pro
disabilit

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.

da
Repatriation

W.P. W...
Capt R.A.M.C.

Station Sanby D. Camp

Date 29/1/19

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

No 5643/273

N.F.P./80.

From: NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,
1st Batt. Ryl. Nfld. Regiment
B.E.F.

9th April 1919

Subject: 5247 Pte Lundrigan A.

With reference to the following telegram (126) from the Hon. Minister of Militia, received

5247 Lundrigan A.
£8. 0. 0.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

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

April 18 1919
21 APR 1919
ANSWER.

*Reference attached
This man wishes
the said amount
placed to credit
of his account
pleased
Deposited
19/4/19 JW
Capt. Whit.*

No. 5247

Name Lundrigan, A

Sqn., Batty., or Company

D.

Cornet N. Newfoundland

Date of enlistment 2/5/18

G.C. (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

Sheet No.

Signature O.C. Company, etc.

Signature

Character

Place

Army Form B. 122.

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
	7/1/19	Pte		Def of water bottle 2/10	Sgt Carter	adn pay	10/1/19	Raymond	
Loosen	Nov 19	Pte		Deficiency of kit value -/1	Capt S. Wardlaw	pay for same	15-4-19	Raymond	

Lundrigan, A

5247

Ray sept.

June 30, 1919

#5247 Pte. Allan Lundrigan,

#8 Gilmore St.,

City

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2540.

Yours truly

Captain
Paymaster & C. i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5247 Rank _____

Name Lundgren A

Warned for demobilization on

JUN 16 19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5247 Rank Pte. Name Lundregan A.
 Intended place of residence 8 Selmae St. St. John's
 2. Occupation Labourer
 Classification of soldier E Medical Category HI

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
 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 and date ST. JOHN'S
JUN 16 1919
 Signature of soldier A. Lundregan
 Signature of witness W. J. ...

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 ST. JOHN'S
JUN 16 1919
 Signature of soldier A. Lundregan
 Signature of witness W. J. ...

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No of days on Military Service 406
 Discharged from service 16-6-19 Plus 14 DAYS

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
JUN 16 1919
 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, Nfld
 Date June 30/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

24132079/2540

The Royal Newfoundland Regiment

Class for Demobilization: 6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 14.6.19

Regimental No 5247

Name Lundrigan, Allan Rank Pte

Address 8 Gilmore St.

Present Medical Category A1

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

Members of Board

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

H. Paterson
Senior Medical Officer

G. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3247 Rank Plt. Name Leandriean A. [Signature]
 Date of Enlistment 21-5-18 Address [Signature] District [Signature]
 Occupation Labourer Classification for Discharge [Signature] Medical Category H.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	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	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 14-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

[Signature]

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable [Signature]

(b) Clothing Supplied [Signature]

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 8 Gilmore St. Dublin and Release Certificate No. 2836 issued.

Date 16-6-19 *J.A. Lawless*
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 30-6-19

Date 16-6-19 *H. Munn*
Depot Paymaster.

Discharged approved for 16-6-19
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 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 16-6-19 *J.A. Lawless*
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

Date JUN 17 1919 *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

.....

.....

.....

A Lundgren
Signature of Man.

Reg. No. *5247*

J. H. Knave
Signature of the Vocational Officer or his Representative.

Place

St. John.

Date

11-6-19

191

Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
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Name Lundrigan A 5247 Rank Pte R. N. R. or Regiment

Home Address 8 Selma St City Address

Age 22 Height 5 ft. 6 ins. Complexion Fair Eyes Blue Hair Dark Character

Date of enlistment 21-5-18 Where enlisted St John Where seen service France

Ship returned by CORSICAN Date of return JUN 1 - 1919 How Long 1 1/2

Birthplace St John Date of discharge 16-6-19 Religion R. C.

Name and address next of kin Father William 8 Selma St

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Newfoundland Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Occupation prior to enlistment Labourer

Regular trade or profession

Average earnings previous to enlistment £ 7 20 00 Any other income

Name and address of last employer Doyle

If in receipt of sick benefits or other insurance—name of society Amt. per mo. £

At what age left school? 12 What grade, standard, &c., was he in? 1st Standard

Has he had any further education since leaving school, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

If unable to follow previous occupation, name preference

References W. J. Reahey I declare that the above statement is correct.

Witness W. J. Reahey Signature A. Lundrigan

Date 16-6-19

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

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

MEDICAL HISTORY

Surname Rundrigan

Christian Name Allan

Table I.—GENERAL TABLE

Birthplace:—Parish St Johns

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	21 day of May 1918	St Johns		
Declared Age	22 years	days	years	days
Trade or Occupation	Labourer			
Height	5 feet 3 1/2	inches	feet	inches
Weight	117	lbs.		lbs.
Chest Measurement	Girth when fully expanded	34 1/2	inches	inches
	Range of Expansion	3	inches	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V	6/6	R.E.—V=	
	L.E.—V=	6/10	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)	Samuel Paterson			
(Rank)	Major		Medical Officer.	Medical Officer.
Enlisted	at	St Johns	at	
	on	21 day of May 1918	on	day of 191
Joined on Enlistment	Corps	The Royal	Corps	
	Regtl. No.	1217	Regtl. No.	
Transferred to	Nfld Regt			
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 *Lundregan, Allan.*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *5247.*
 Intended address *Belmore St.*
 Height on discharge *5* Feet *6.*
 Color of hair on discharge *Dark.*
 Complexion *Fair.*
 Color of eyes *Blue.*
 Descriptive Marks _____
 Figure on discharge *Med.*
 Christian name of Father *William*
 Christian name of Mother *Messia.*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *St John's Nov. 7. 1897.*
 Nature and locality of civil employment required _____

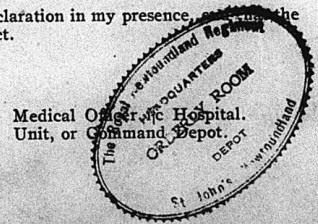
I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Allan Lundregan*

(Rank) *Private*

Station *St John's* Date *14-6-19.*

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.



Station _____ Date _____

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

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

1. Unit and Corps... *Royal Newfoundland* } Former Trade or Occupation } *Labourer*
2. Regtl. No. *5247* 3. Rank... *plto* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Sundigan Allan*
(Surname) (Christian Names)
5. Age last birthday... *23*
6. Posted for duty on *May 21/18* at... *A. I. 25th*
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
(b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

nil
nil
nil
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, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

The complainant has no disability.

16. Was an operation performed ? If so, when and what was its nature ? *no*
17. If not, was an operation advised and declined ? *no*
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 ? *no*
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 ? *no*

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

C. S. Hoanier *Capt. R.A.M.C.*

Station *Hazley, Bonn*

Date *29/11/19*

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



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..... *Alvan* 2. Surname..... *Ludwig*

3. Rank..... 4. Regt. No..... *5247*

5. Address in full to which future payments of gratuity are to be forwarded..... *St. John's St. John's*

6. Date of enlistment in the Regiment..... *May 21/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier.....

11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field, or overseas..... *From May 21/18 to June 16/19*

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

.....
..... *No*

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

.....
.....

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

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

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

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

..... *No*
June 16/19
Temporary Reassignment

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 & Germany - From Nov 1918
to 2 Pk 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*.....

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

A Lundagan

Signature of Applicant:

Place of Residence:

Declared before me at:

This

16th

day of

June

1919

St. John's
St. John's, Nfld.
John M. Cahill

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependant	War Service Gratuity	Net amount due
.....
.....
.....
Certified correct.			Paymaster	

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

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, Notary Public 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, Regt. No.
Alban Lundgren Pte 2nd Regt 5247

2. Age of soldier. 21 Married or single. *Single*

3. Name in full of mother, Age, Occupation, Permanent address.
Ellen Lundgren 46 Widow 8 Glenora St. St. John's Nfld.

4. Give name of your husband, Age, Occupation, Where employed.
Melvin Lundgren

5. If your husband is not supporting you, state the reason *Discharge 13 years ago*

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady (A medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.) *Don't know if he is alive or dead - never heard from him since*

7. If you are a widow state date and place of death of your husband. *St. John's*

8. Have you married again since death of above mentioned husband? */*

9. Names of your other children, Address in full, Age, Occupation, Married or single
Pius 70 years
Oscar away from office past 5 years - address unknown
Melvin living with me 20 Single
Kelsie Holyoke, St. John's 29 married

Assignment commencing June 1st 1918

offered, about 2 weeks before Allan.

rejected

10. State amount earned by (a) Yourself *\$6⁰⁰ per week, during 10 weeks Red Cross*
(b) Your husband

11. State amount and source of any *for a week from week*
other income.

12. State value of real property belonging to you *None*
and your husband

13. If-husband-is-dead State value of *nothing except little household*
personal property belonging to you *furniture*
and your husband.

14. If husband is dead, state value of
real and personal property left by
him

15. Actual amount contributed by soldier *about \$400 x²*
during the year prior to enlistment

16. Was this amount contributed weekly or
monthly. *Weekly*

17. Did this amount include payment of
son's beard etc. *Yes*

18. State your son's trade or occupation
prior to enlistment *Laborer*

19. State amount of his wages per week. *\$5⁰⁰*

20. State name and address of his last
employer. *Monroe Coy (Sardis)*

21. State amount of monthly support
from son since enlistment *One dollar a month*

22. State amount of allotment received
by you from son monthly

23. State from what date did you receive
allotment *No allotment yet made
to him.*

24. Actual amount contributed by
other children.

Weekly	Monthly
<i>\$5⁰⁰</i>	

25. Are any of these children
in the employ of you or husband *No*

26. If not receiving support from other
children state cause. Explain fully *Two married, -
one away, - advertisement*

27. With whom are you residing at present *with my son & daughter*

28. Have you made a previous claim for Separation Allowance, if not, why? Give particulars. *No - this is first opportunity*

29. Are you already in receipt of Separation Allowance from any source? If so, how much. *no*

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much. *no*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government? *no*

32. In what capacity and in what place

33. Is he in receipt of a salary as much If so, how much. while serving in the 1st. Nfld. Regt.

34. 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..... *Feresa Lindgren*

Place of residence..... *8 Eglon Street*

Declared and subscribed before me at..... *St John's Nfld*

this..... *21st*..... day of..... *June*..... 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *[Signature]*
C. B. ...

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 and belief after careful consideration, the above statements are correct and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman.....

Signature of Member of Patriotic Fund Committee *Chas. O'Neil Coury*

H. T. Keough



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

..... July, 30th., 1918.

Mrs. Teresa Lundrigan,
8 Gilmore Street,
City.

Dear Madam:-

Referring to your application for Separation Allowance I beg to state, that same cannot be granted you because you have another single son of Military Age who has not offered for enlistment.

Yours faithfully,


Capt. & Paymaster.

ST. JOHN'S,

JUN 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pvt A Lundrigan
8 Gilmore St

Billeting Soldiers as undermentioned

from

June 1/19 to June 16/19

5247 Pvt A Lundrigan 11 60

ACCOU

NO. 23766

IND

PAY

GEN. L.

Certified correct for \$

16 60

A. Lundrigan

Billeting Officer.

A Lundrigan

610E.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland Signature of O. C. Company C. D. White *lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>5247</u>	Age on	<u>22</u> years	<u>Subaltern</u>			
	<u>Lundriganella</u>		months	Religion			
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	R.C.			
Joined	Date	Period of	with Colours <u>4</u> years.	Place of Birth			
Joined	Date				with Reserve <u>30</u> years.	<u>St Johns</u>	
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
				<u>Demobilized</u>	<u>St Johns</u>	<u>30</u>	<u>6</u>		<u>19</u>

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2247 Rank Pte Name Lundrigan J.
 Date of Enlistment 21-5-18 Address St. John's District St. John's
 Occupation Jawbreaker Classification for Discharge E Medical Category H
 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		" 6
B 179c	B 120	M 93		

Date 11-6-19 O. C. Discharge Depot H. M. S. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A Lundrigan

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 Snow Coat

Date 16-6-19

O i/c. Re-clothing _____

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2247 Rank Pte. Name Lundrigan J.
 Date of Enlistment 21-5-18 Address Pte. [unclear] District [unclear]
 Occupation Laborer Classification for Discharge 5 Medical Category 4
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	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 [unclear]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A Lundrigan

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable Gas Co.

(b) Clothing Supplied [unclear]

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 S. Gilman St. and Release Certificate No. 2836 issued.

Date 16-6-19 J. A. Shawbass
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 11-1-19 J. A. Shawbass
Depot Paymaster.

Discharge approved for _____

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 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2. Form B

Date 16-6-19 J. A. Shawbass
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

Date JUN 17 1919 _____
O. C. Discharge Depot.

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

Date June 17 1919 _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 8 Gilmore St. and Release Certificate No. 2836 issued.

Date 15-6-19 *J. H. Shawbatt*
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. [unclear]*
Depot Paymaster.

Discharge approved for _____
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	<i>2 Fam B</i>
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 16-6-19 *J. H. Shawbatt*
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

Date JUN 17 1919 *R. H. [unclear]*
O. C. Discharge Depot.

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

Date June 17/19 *[Signature]*

Reg. No. *1247* Rank *1st Lt* Name *Lundrigan, J*

Attested *Gilmore Lt.*

Allotment.....

Place of Allotment..... Returned from Overseas *29.1.19*

Returned on S.S. *Caribbean* Cause *Discharge*

14-6-19
16-6-19

PASSED TO DEMORALIZATION
DISCHARGE APPROVED ON DEMERITIZATION.