



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3633 Name Lloyd Lunnens Corps C. I. 2.

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

1. What is your name? ..... 1. Lloyd Lunnens
2. What is your full Address? ..... 2. Stilling, etc.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 18 Years 1 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, Lloyd Lunnens 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.

Lloyd Lunnens SIGNATURE OF RECRUIT.  
E. J. Conaghan Signature of Witness.

8 19-4-17

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

I, Lloyd Lunnens 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. The said recruit has made and signed the declaration and taken the oath before me at St. John's on this 19th day of April 1915.

Signature of Attesting Officer [Signature]

### † 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 [blank].

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) .....



Lunnen, L.

3633

Hay rept.

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

# MEDICAL HISTORY

Surname Lunner OF Christian Name Lloyd

Table I.—GENERAL TABLE.

Birthplace:—Parish Swillingate County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined ....	on <u>19<sup>th</sup></u> day of <u>April</u> 1917		on day of 191	
Declared Age ...	at <u>Headquarters</u>		at	
Trade or Occupation ...	<u>18</u> years <u>1 month</u> <u>days</u>		years days	
Height ....	<u>5</u> feet <u>7</u> inches		feet inches	
Weight ....	<u>129</u> lbs.		lbs.	
Chest Measurement {	Grith when fully expanded ...		inches inches	
	Range of Expansion ..		inches inches	
Physical Development....				
Vaccination Marks {	Arm ...			
	Number ...			
When Vaccinated ....				
Vision ....	R.E.—V= <u>4/6</u>		R.E.—V==	
	L.E.—V= <u>6/6</u>		L.E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>W.S. Proctor</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted ....	at <u>St Johns</u>		at	
	on <u>19<sup>th</sup></u> day of <u>April</u> 191		on day of 191	
Joined on Enlistment....	Corps. <u>4/1st Regt</u>		Corps.	
	Regtl. No. <u>3655</u>		Regtl. No.	
Transferred to ..				
Became non-effective by				
	on day of 191		on day of 191	
(Signature)				
(Rank)				

**Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.**

Date	Brief Details, and Signature
<p>27-4-17 4-5-17 23/5/19</p>	<p>T. A. B } W.S.P. Inoc. 3rd /</p> <p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>6</u> for discharge on Demobilisation. Medical category <u>AT</u></i></p> <p><u>12.6.19</u> Date of T.M.B.</p> <p><i>J. M. West</i> Captain Assistant Surgeon-General</p>

**TABLE IV.—SERVICE TABLE.**

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

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

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *3633* 3. Rank. *Pte*
4. Name *Lunn* *L.*  
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *19/4/17* at *St Johns*  
in category (or grade) *1*
7. Former Trade or Occupation } *Johnston*
- 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."  
*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.)*

*He complains of no Disability*

16. Was an operation performed? If so, when and what was its nature? *u*
17. If not, was an operation advised and declined? *u*
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? *u*
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? *u*

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*  
*over 17*  
*my orders.*  
*[Signature]*

Station *Hazeley Down* .. .. .

Date *30/4/19* .. .. .

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



## 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 *Lloyd Lunnen*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3633*

Intended address *Lwillingate*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Andrew*

Christian name of Mother *Fanny*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Lwillingate, May 14<sup>th</sup>, 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)

*Lloyd Lunnen*

*Plt*  
(Rank)

Station *ST. JOHN'S.*

Date *11-6-19*

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



## 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*

*L. Lumen*

Signature of Man.

*J. A. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Reg. No. 8633

Place

*ST. LOUIS*

Date *13-6-19*

191

No 3653 Name *P. L. L. L.*

Sqn., Batty.,  
or Company } *C*

Corps *2/1 Royal New*

Date of enlistment } *19 4 17*

G.C. Badges } *1*

Service or Proficiency Pay } *1*

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. *P. M. L. L. L.*

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>12/19</i>	<i>11B.</i>		<i>Hesitating to obey an order</i>	<i>A. A. Shank</i>	<i>3 stripes</i>	<i>12/19</i>	<i>Adm. Mattheis</i>	<i>...</i>
	<i>5/31</i>	<i>11C.</i>		<i>Disobeying school rules</i>	<i>...</i>	<i>Adm. Mattheis</i>	<i>2/13/19</i>	<i>...</i>	<i>...</i>

Army Form B. 122



ST. JOHN'S, June 28<sup>th</sup> 1919

# Royal Newfoundland Regiment.

Billeting Account,

To M<sup>rs</sup>. Smith

47. Longs Hill

Billeting Soldiers as undermentioned

from June 2<sup>nd</sup> /19 to June 22<sup>nd</sup> /19

3633 - Pte. L. Summers \$ 60

ACCOUNT	<u>57M</u>
CH. NO.	<u>24756</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 27.60

J. A. Snow  
R.S. S. C. Smith Billeting Officer

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3633 Rank PLC Name Thomas L. [unclear]  
 Date of Enlistment 19.11.17 Address St. John's District St. John's  
 Occupation Labourer Classification for Discharge 2 Medical Category AI  
 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 12.6.19

[Signature]  
O. C. Discharge Depot.

### 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 #6.00  
 (b) Clothing Supplied [Signature]

Date 13.6.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11771 to his home at Swallowgate and Release Certificate No. 2740 issued.

Date 13-6-19

J.A. Shrewcroft  
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 13-6-19

H. W. ...  
Depot Paymaster.

Discharge approved for 27-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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 13-6-19

J.A. Shrewcroft  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919

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

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

Date .....

# 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 17.6.19

Regimental No 7633

Name Lumen Lloyd Rank Pte

Address Swillingate

Present Medical Category A-1

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

Members of Board {

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

Shawson  
Senior Medical Officer

Dw Burden  
M. O. Depot

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3633 Rank Pte Name Lumen L  
 Intended place of residence Durbinville  
 2. Occupation Laborer  
 Classification of soldier B Medical Category AI

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 13 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 JUN 13 1919  
ST. JOHN'S  
 Signature of soldier L. Lumen  
 Signature of witness W. J. Beaton

### 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 13 1919  
ST. JOHN'S  
 Signature of soldier L. Lumen  
 Signature of witness W. J. Beaton

### STATEMENT OF SERVICE

7. Enlisted for service 19-4-17 No of days on Military  
 Discharged from service 27-6-19 Plus 14 days Service 814

### 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  
 Date JUN 15 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 July 11/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

a 9B7079/2898



July 10, 1919

#3633 Pte. Lloyd Lunnen,

Twillingate.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2898.

Yours truly

Captain  
Raymaster & O.i/c Records

July 12, 1919

#3633 Pte. Lloyd Lunnen,

Twillingate, N.D.B.

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 & U.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 & RECORDS OFFICE, ST. JOHN'S.

- Christian name *Lloyd* ..... 2. Surname *Luxner*
3. Rank *Pte.* ..... 4. Reg't. No. *3633* .....
5. Address in full to which future payments of gratuity are to be forwarded *Stollingate, N.B.* .....
6. Date of enlistment in the Regiment *apl 19/17* .....
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 Nfld. If so, give dates and particulars of such service *over seas.* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *From apl 19/17 to June 13/19.* .....

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.

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

(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.

.....

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, Belgium + Germany. - From, Apr, 18 to Sept. 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.....

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.

*J. J. Lumen*

Signature of Applicant:

Place of Residence: *Swillingate, N. D. B.*

Declared before me at: *St. John's, Nfld.*

This *13th* day of *June* 19*19*...

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

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

L. Lunnen

C.R. 3633

*[Handwritten 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 Newfoundland Regt.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2633* 3. Rank *Pte.* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
4. Name *Lennon R.*  
 (Surname) (Christian Names)
5. Age last birthday... *20*.....
6. Posted for duty on *19. 4. 17* at *St. John's*  
 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? }

*The Complaint of no Disability*

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

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

16. Was an operation performed? If so, when and what was its nature? *Na*
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? *Na*
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? *Na*

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*  
*Major DADMS.*  
*Capt. D.A.M.C.*  
 Medical Officer in charge of case.

Station *Hayley Down*  
 Date *23.0.14/19*

\* 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





This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Lloyd Lunnen  
aged 18 yrs conducted at Hdgns  
Date: 19/4/17. Recruiting Officer:

NO OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no no
- 10 ?
- 11 ?
- 12 ?
- 13 ?
- 14 ?
- 15 ?
- 16 ?
- 17 ?
- 18 ?
- 19 1/6 Brote.
- 20 ?
- 21 ?
- 22 ?
- 23 ?
- 24 ?
- 25 ?
- 26 ?
- 27 ?
- 28 ?
- 29 ?
- 30 ?
- 31 ?
- 32 ?
- 33 no.
- 34 5-7 in
- 35 129 lb
- 36 31-35
- 37 \$40 per month
- 38 Father. Andrew.
- 39 no.

363

JH

Signature of Medical Examiner:

Swillingate  
Swillingate





C.R. 3633

Extract from Daily Orders Part 11 Unit The Royal Nfld. 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 15-6-19.

3633 Pte. L. Tunnen.

C.R. 3633

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

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

3633 Pte. Lloyd Lunnen

C.R. 3633

Extract from Daily Orders Part A1 Depot, St. John's,

Date

June 18th 1919.

3633, Pte. L. Lunnon.

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

on "Corsican"

C.R. 3633

Extrat from Daily Orders part II, in the field.  
dated 15-2-19.

Deprived of Lance Corp. stripe from 10-2-19.

#3333 L/C. J. Lunnen.  
6

C.R. 3633

Extract from War Office List No. H.A. 34959

Scabies.

Admitted 5 Gen. Hospital. Rouen 14th., February 1919.

#3633 Pte. L. Lunner.



C.R! 3633

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 31/1/19.

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APPOINTED L/Cpl.

#3633 Pte. L. Lannon.

16/1/19.

C.R. 3633

Extract from Casualties List No.H.A.5196

The undermentioned erroneously shown:-

Adm.10 Con.Dep.Bscult, 6th Nov'18.

Should read:-

Discharged ex 10 Con.Dep.Bscult, 6th Nov'18

3633 Pte.Lunne, L.

**NEWFOUNDLAND POSTAL TELEGRAPHS.**

C.R. 3633

**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 provided for above in 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 of it, however 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 if for the purpose 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. to any other person (or persons) to entrust the Message) for further transmission by or through any system, service, or line of Telegraph, or by any other person, without the express 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 **Det of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated

Nov. 1st, 1918

To

Andrew Lunnen, Twillingate

Regret to inform you that Record Office, London, officially reports No. 3633, Private Lloyd Lunnen at 14th General Hospital Wimereux Oct. 24th suffering from G.S.W. head severe

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

J. A. Bennett

Chge Dept of Militia.

Minister of Militia.

**FOR TYPEWRITER**

R. 3633

Extract from List of Wounded and Sick N.C.Os. and Men of the  
Expeditionary Force -- France, dated 31st. Oct. 1918.

List No. H.A. 30780.

3633 Pte. L. Lunnen

1st. Newfoundlanders.....GSW. Head Sev.....Adm. 14 Gen.  
Hos. Wimereux 23rd. October, 1918.

C.R. 3633

## SICK AND WOUNDED N.C.O's and MEN OF THE EXPEDITIONARY FORCE - FRANCE

1 RECORD OFFICE STREWSBURY

LIST NO. H. A. 30825

29054 Pte Fryer H.J.S. 1/5 Herefords. . . . . Trans to 5 Rest Camp "Fit" ex 1 Con Dep. Boulogne 24 October/18.  
 27191 Pte Smith H. 1 K.S.L.I. . . . . Trans to 5 Rest Camp "Fit" ex 1 Con Dep. Boulogne 24 October/18.

ADMITTED 1 CON. DEP. BOULOGNE 24 OCTOBER 1918.

238200 Pte Stott J.R. . . . . 10 K.S.L.I. . . . . Sick  
 242055 L/C Reesley C. . . . . 1/5 S.Lancs. . . . . Sick  
 49890 Pte Wood A. . . . . 1/2 Wons. . . . . Sick  
 41051 Pte Illidge T. . . . . 6 S.W.B. . . . . Sick  
 45473 Pte Wright J. . . . . 2 S.Lancs. . . . . Sick  
 50433 Pte Parkinson R. . . . . 2 S.Lancs. . . . . Sick  
 6970 Dmr Weightman A. . . . . 2 S.Lancs. . . . . Sick  
 203659 Pte Loughton C. . . . . 1/5 S.Lancs. . . . . Sick  
 24247 Pte Monahan F. . . . . 5 S.W.B. . . . . Sick  
 285451 Pte Edwards H. . . . . 15 Welsh. . . . . Wounded  
 60404 Pte Ashworth G.N. . . . . 9 Welsh. . . . . Sick  
 75272 Pte Cochrane R.F. . . . . 14 Welsh. . . . . Wounded  
 75316 Pte Roberts A. . . . . 13 Welsh. . . . . Wounded  
 57510 Pte Bentley B. . . . . 24 Welsh. . . . . Sick  
 6740 Pte Gwylm G. . . . . 18 Welsh. . . . . Sick  
 38695 L/C Owen D. . . . . 2 S.W.B. . . . . Wounded  
 46923 Cpl Chamberlain F. . . . . 6 S.W.B. . . . . Sick

NEWFOUNDLAND EXPEDITIONARY FORCE

LIST NO. H. A. 30825

3635 Pte Lunnen L. 1 R. Newfoundland. Wounded. . . . . Adm 1 Con Dep. Boulogne 24 October/18.



2190/1

**Casualty Form—Active Service.**

Regiment or Corps *2/1st Royal Newfoundland*

Rank *Ote* Surname *Sumner* Christian Name *L*

Religion *Cof E* Age on Enlistment *18* years *1* months

Enlisted (a) *19-4-17* Terms of Service (a) *Duration* Service reckons from (a) *19-4-17*

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

Extended { ..... } Re-engaged { ..... } Qualification (b) *S. 1*  
or Corps Trade and Rate.....

Occupation *Labourer* Signature of Officer *J. M. Emerson*

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
			Embarked ...	<b>3 APR 1918</b>	
			Disembarked...	<b>5 APR 1918</b>	
	<i>11ces as 14 Gen. 1 Co. keep D. I. Bd</i>	<i>Arrived</i>	<i>20-10-18</i>	<i>19-12-18</i>	<i>B 20828</i>
			<i>Winnipeg</i>	<i>22/10/18</i>	<i>B 20780</i>
			<i>Boisjour</i>	<i>24/10/18</i>	<i>B 20825</i>
			<i>Coner</i>	<i>8/11/18</i>	<i>B 20825</i>
		<i>Arrived</i>			<i>B 213. 24/1/19.</i>
		<i>App'd I Corp.</i>			<i>10/2/19 B 213. 15/4/19.</i>
		<i>Deprived of Lance Stripe</i>			<i>14/4/19. B 20555</i>
		<i>5 Gen. 7th Royal. Adia. Sobies</i>			<i>9/5/19 B 213.</i>
		<i>Discharged 4/19</i>			

(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, Shoening-Smith, &c. W. 11514—M1188 10000 1/17 (27227) S P & Co, Ltd. Forms B. 103/4 E. 154. (P.T.O.)

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
		<p><i>Trans to England for Deust.</i></p>		<p><i>14/1/19</i></p>	<p><i>Woke 810 m 02A</i></p>
				<p><i>Thompson</i></p> <p>Captain to <del>Officer</del> 1/c Infantry Battalion No. 1 G.H.Q. 3rd Div.</p>	
	<p><del><i>Int 1</i></del></p>				

C.R. 3633

Extract from War Office List No. 3, 1737 dated 6/11/18.

FOUNDED

20-10-18.

#3633 Pte. J. Lannen.

AUTHORITY G. O. UNIT 23-10-18.



C.R. 3683

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 41, 10 Other Ranks (Signallers)  
from 2nd. Battalion, Royal Newfoundland Regt., Hazeley Down Camp,  
Winchester to 1st Batt~~al~~ion, Royal Newfoundland Regiment, B. E. F.  
Embarked Southampton, 3rd. April, 1918.

3633 Pte. L. Lunnen.

C.R. 3633

Extract from Nominal Roll, embarked St. John(s for Overseas 12-5-17

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#3633 Ptw. L. Lunnen.

C.R.

3633

Extract from Daily Orders Part 11 Unit The Royal  
Mfld. Regt., St. Johns, Apl. 19th, 1917.

3633 Pte. L. Summers

Attached to the strength from April 19th, 1917.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Regiment of 1st Newfoundland

Number of Sheet First  
Signature of O. C. Company Thos. Ayer

Regimental Number and Name	
No. <u>3633</u>	<u>Lynnen Lloyd.</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on <u>18</u> years <u>1</u> months	Trade <u>Labourer</u>
Place and Date of Enlistment } <u>St Johns</u>	Religion <u>C of E.</u>
Period of { with Colours <u>8 3</u> years.	
{ with Reserve <u>2 3/5</u> years.	
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 of order dispensing with trial	By whom awarded	REMARKS
Demobilized St. Johns, 10 / 19									
To be carried over									

Army Form B. 121.

3633

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3633 Rank PL4 Name Lennard L  
 Date of Enlistment 19. 11. 17 Address Twillingate District Twillingate  
 Occupation Labourer Classification for Discharge H Medical Category AI  
 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	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 12. 6. 19 .....  
 for O. C. Discharge Depot. H. Miss H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am  in a position to resume civilian occupation.

Labourer

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~~ .....

Date 13- 6- 19 .....

O i/c. Re-clothing. ....

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11771 to his home at Switzerland and Release Certificate No. 2740 issued.

Date 13-6-19

J.A. Shewell  
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 15-6-19

W.H. Smith  
Depot Paymaster.

Discharge approved for 27-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1/2 Form B
E 178	W 3494	B 122	Board 1st	" 2	
F 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 13-6-19

J.A. Shewell  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

Date JUN 15 1919

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

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

Date June 24 1919

J. A. Shewell  
Officer i/c Records

Reg. No. 3633 Rank. Plt Name. Lawson L.  
Attested ... Address. Twillingate  
Allotment. .... Allottee ..  
Date of Allotment. .... Returned from Overseas. 1-6-19  
Returned on S S. Lonican Cause. Discharge

12-6-19  
15-6-19

PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILISATION

## DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. file

Attention of

NAME LUNNEN, Lloyd

Dept of Veterans Affairs  
War Service Record

AUG 20 1962

SERVICE 3633  
NUMBER ROYAL NFLD  
REGT.

C.P.C. No. -----  
W.V.A. No. 224567

NAVY  
ARMY  
~~NAVY~~

OTTAWA 4, ONT.,  
Date August 17, 1962

The DEPARTMENT has received information from

DIST. AUTHORITY, WAR VETERANS ALLOWANCE ACT., D.V.A., ST. JOHN'S, NFLD., TEL. MEMB.  
d/14-8-62

(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.  
~~Public~~  
~~D.G.~~  
H.O.

} Destroy form if advice of death already received.

for  
Chief, Central Registry