



# FIRST NEWFOUNDLAND REGIMENT

4253

## ATTESTATION OF

No. 4253 Name John R. Lyons Corps CofC

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>J.R. Lyons</u> .....               |
| 2. What is your full Address? .....  | 2. <u>Comp. Band</u> .....               |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>8</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>School teacher</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, John R. Lyons 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.

N. 18<sup>12</sup>/<sub>17</sub>

John R. Lyons SIGNATURE OF RECRUIT.  
Wm. [Signature] Signature of Witness.

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

I, John R. Lyons 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 [Signature] on this 18<sup>12</sup> day of December 1917

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 .....

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

Date.....191..... } Approving Officer.  
Place..... }

† 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 John R. Lyons  
 Apparent age 19 years 8 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sam Lyons  
Long Pond | Relationship Father  
B.B.M. 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>18-12-17</u>									<u>Lance Cpl. 20-3-18</u> <u>Platoon 8-11-18.</u> <u>Cor. Cpl. 24-4-19.</u>
Joined at <u>St John's</u> on <u>December 18-17</u>									
<u>Discharged August 3/1919</u>									
<u>Embarked St John's train to Halifax N.S. 28<sup>th</sup></u>									<u>To Newfoundland</u> <u>for demobilization 24-6-19. Arrived Newfoundland. 1-7-19</u> <u>Demobilization St John's 3-8-19</u> <u>to Active Service</u>
<u>24-6-19. Arrived Newfoundland. 1-7-19</u>									
<u>Demobilization St John's 3-8-19</u>									
<u>to Active Service</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-8-19 (date of discharge) 1 years 229 days  
 " " Pensions " " " " " " " " " " " "

C.R.

4253

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted date  
3-8-19.

4253, Cpl. J. Lyons.

C.R. 4253

Extract from Daily Orders part II, Unit the Royal Newfoundland  
Regiment dated July 21st. 1919.

The discharge of the undernited on demobilization has been  
APPROVED by C. G. Discharge Depot on noted date.

x#4253 Pte. J. Loyons. 20-7-19.

C.R. 4253

Extract from Daily Orders Battalion Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

4253 Cpl. J.R. Lyons.

Reported at Headquarters 1-7-19 of "Messantra" which  
sailed Glasgow June 24th, 1919.

42<sup>5</sup>3

C.R.

Extract from Daily Orders by Lt. Col. B.J. Barton, D.S.O.  
Commanding 2nd Battn. Royal WFLA. Regt., 8-11-18.

The following to be Acting Corporals as from 8-11-18.

<sup>5</sup>42<sup>5</sup>3 L/C. J. Lyons.

"D" Coy.

C.R. 4253

Extract from Nominal Roll Embarked St. John's for Overseas,  
Mar. 26, 1918.

4253 B/C. Lyons J.

C.R. 4253

Extract of Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, March 21, 1918.

#4253 Pte. J. Lyons.

Promoted to be Lance Corporal with effect from  
20/3/18.



C.R. 4253

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt., St. John's, Dec. 19th, 1917.

4253 Pte. J. Lyons.

Attested for General Service with the 1st Nfld. Regt. to  
take effect from 18-12-17.

J. R. Lyons

4253

P. T. P. 10



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.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4253	Lt Col	Lyons. J.	\$2.50	

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

Date

June 28<sup>th</sup> 1918

J. B. Lyons L/Cpl

U  
Lyons J

4253

Hay Sept.

August 3rd 1919.

#4253m Cpl. J. Lyons.

Long Beach Road. P. DE C.

Dear Sir:

Enclosed please find Discharge Certificate # 3451.

Yours truly,

Capt. & Paymaster.

HS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4253 Rank Capt Name Lyons J  
 Intended place of residence Long Beach Rd. P.O.  
 2. Occupation School Teacher  
 Classification of soldier E Medical Category AT

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 JUL 18 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, ST. JOHN'S  
 Date JUL 18 1919  
 Signature of soldier John P. Lyons  
 Signature of witness M. Bowley Lt

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date 18-7-19  
 Signature of soldier J. Lyons  
 Signature of witness James O. Newman

### STATEMENT OF SERVICE

7. Enlisted for service 18-12-17 No. of days on Military  
 Discharged from service 20-7-19 Plus 14 days Service 594

### 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 <sup>14</sup>eight days from date.  
 Place, ST. JOHN'S  
 Date JUL 20 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  
 Date August 3/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

104  
31  
28  
31  
30  
31  
30  
31  
3  
219

cut B 2079/3451

# 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

*18.7.19*

Regimental No. *4253*

Name *Lyons J R.*

Address *Long Beach Port-de-Sauve*

Present Medical Category

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

*L. R. Cooper Capt.*  
O. C. Discharge Depot.

Members of Board

*J. Paterson*  
Senior Medical Officer

*W. Burdett*  
M. O. Depot



## 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,

*J. Lyons*

Signature of Man.

*M. C. Conster*

Reg. No. 4203

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **18-7-19** 191

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 1425 Rank Capt Name J Lyons  
 Date of Enlistment 18-12-17 Address Long Bay Sts District PH  
 Occupation School Teacher Classification for Discharge E1 Medical Category F11  
 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 17-7-19 O. C. Discharge Depot. H. Lyons

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

J Lyons

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 .....

M. Blaxter

Date 18-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. RA2467 to his home at Long Beach Pond Release Certificate No. 3703 issued.

Date 18-7-19

*[Signature]*  
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 3-8-19

Date 18-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E 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 18-7-19

*[Signature]*  
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 JUL 20 1919

**L. R. COOPER, CAPT.**  
O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

Surname Lo yons OR Christian Name John R.

Table I.—GENERAL TABLE.

Birthplace:—Parish Long Road G. Bay. County Wp. B.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 18th day of Dec. 1917	at St. John's	on day of 191	at
Declared Age	19 years	8 Mos.	years	days
Trade or Occupation	School Teacher			
Height	5 feet	8 inches	feet	inches
Weight	149 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 36 1/2 inches			inches
	Range of Expansion... 4 inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 6/10		R.E.—V=	
	L.E.—V= 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)	<u>Laminor Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St. John's		at	
	on 18th day of Dec. 1917		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1st Regt Regt 4253			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	2	9	18	12	9	18	Influenza	10	Discharged to duty.	<p><i>R. A. M. C.</i></p> <p>CAPT., R. A. M. C.</p>





# 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 *Lyons, John Robert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4253*

Intended address *Long Beach Road. Port de France*

Height on discharge *5 Feet 8*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *Tattoo Right Fore Arm*

Figure on discharge *Medium*

Christian name of Father *Coan*

Christian name of Mother *Susannah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Long Beach Road. 8-3-1898*

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) *John Robert Lyons* *Capt.*  
(Rank)

Station *ST. JOHN'S.* Date *17-7-19*

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 \_\_\_\_\_

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 } *School Teacher*
2. Regtl. No. *4253* 3. Rank... *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lyons* *John R.* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... *21*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (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? }

*No Complaints 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?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*A. S. Twinnier* *Capt Rame*

Medical Officer in charge of case.

Station *Mazelay Down*

Date *4/4/19*

\* 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.

August 9th 1919.

Mr. J. Lyons,

Long Beach Road, P. de Grave.

Dear Sir:

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

Yours truly,

Capt. Paymaster.

RS/.

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..... *J. R.* ..... 2. Surname..... *Lyons* .....
3. Rank..... *Corporal* ..... 4. Regtl. No. .... *47. d. 3.* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Long Beach Road, Port de Grange, Dick Van Clarke's Beach* .....
6. Date of enlistment in the Regiment..... *December 18/17* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no* .....
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..... *Nineteen months* .....
- ..... 1.2 .....

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

.....  
.....  
.....

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 (worse) 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 R.A.S.? If not give:- (a) Date of discharge. (b) Reason for discharge.

*to*  
*July 31/19*  
*Denish*

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.

*England*

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.

.....

.....

Signature of Applicant: *John Robert Lyons*  
 Place of Residence: *Woop Beach Road, Port de France,*  
 Declared before me at: *St Johns,*  
 This *19<sup>th</sup>* day of *July* 19*19*.....

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

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

October 1st, 1919.

Major Howley,  
O. I. C. Pay and Records.

Please pay to J. Lyons 4253  
the sum of twenty dollars  
in payment of allowance for month ending September 30.  
in connection with re-education.

\$20.00

Pension Nil.

*A. C. J.*  
*W. M. Marshall*

Vocational Officer.

ACCOUNT NO.	11961	<i>See</i>
CHEQUE NO.		
IND. LEDGER		
PAY LEDGER		
GEN. LEDGER		

*J. Lyons*



ST. JOHN'S, JUL 18 1919

# Royal Newfoundland Regiment.

Billeting Account,

To: *Capt J Lyons*

Billeting Soldiers as undermentioned

from *July 1, 19* to *July 16, 19*

*H 253* *Capt J Lyons* *16.60*

ACCOUNT	<i>B. M.</i>
CH. NO.	<i>3350</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ *16.60*

*M. B. Clouston*

Billeting Officer.

*John R. Lyons*

*alt.*

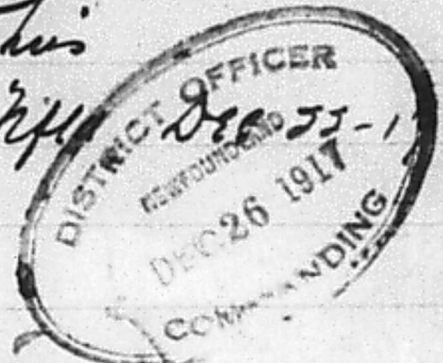


OK.

Adjutant  
Depot, First Newfoundland Regiment,  
St. John's, Nfld.  
22-12-17.

ACCOUNT	<i>J. Messing</i>	INITIALS	<i>JM</i>
CH. NO.	<i>100</i>	INITIALS	<i>JM</i>
IND. LEDGER		INITIALS	
PAY LEDGER	<i>100</i>	INITIALS	<i>JM</i>
GEN. LEDGE.		INITIALS	

*St. John's*  
*JM*



*1st Newfoundland Regiment*  
*Co 4353 John Lyons*

*Board Lodging at Lewisport*  
*John Lyons*

*G. J. Carthy* MAJOR  
Commanding Depot,  
First Newfoundland Regiment.

*\$2.00*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Regiment of

*1<sup>st</sup> Newfoundland.*

Number of Sheets

*One*

Signature of O. C. Company

*H. H. H. H.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>1222</i>	Age on	<i>19</i> years <i>8</i> months	<i>Teacher</i>	<i>20-5-18 Promoted Lance Corporal</i>
Joined _____ Date _____		Place and Date of Enlistment	<i>St John's</i> <i>18-12-17</i>	Religion	<i>8-11-18</i>
Joined _____ Date _____				Period of	<i>C. of E.</i>
Joined _____ Date _____		Joined _____ Date _____	with Colours <i>229</i> years.		

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 St. John's</i>		<i>3 <sup>8</sup>/<sub>19</sub></i>			

To be carried over

14253

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 14253 Rank Capt Name Lyons J  
 Date of Enlistment 18-12-17 Address Long Bay Rd. St. John's District St. John's  
 Occupation School Teacher Classification for Discharge 1 Medical Category A1  
 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 17-7-19 O. C. Discharge Depot. J. Lyons

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. J. Lyons

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 None

Date 18-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2467 to his home at Long Beach Pond and Release Certificate No. 3703 issued.

Date 18-7-19 ..... Demobilization Officer [Signature]

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 5-8-14.

Date 18-7-19 ..... Depot Paymaster [Signature]

Discharge approved for 20-7-19  
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
B 179c	B 120	M 93		

2 Form B

Date 18-7-19 ..... Demobilization Officer [Signature]

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 20 1919**

Date ..... L. R. COOPER, CAPT.  
O. C. Discharge Depot.

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

Date Aug 11/19 ..... [Signature]

Reg. No. *4257* Rank *Cpl.* Name *Lewis, J.*  
Attested ..... Address *Long Hill.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Discharge*

*17.7.19*  
*20.7.19*

**PASSED TO DEMOBILIZATION OFFICER**

DISCHARGE APPROVED ON DEMOBILISATION.