



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 364 Name John Lyves Corps R.C.

Questions to be put to the Recruit before Enlistment

1. What is your name? I. John Lyves
2. What is your full Address? 2. Botwood
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 11 Months
5. What is your Trade or Calling? 5. no
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

John Lyves 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.

John Lyves SIGNATURE OF RECRUIT.

R. Edwards Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

John Lyves 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 Botwood on this 19 day of April 1915.

R. Edwards Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Regiment.

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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Lyner
 Apparent age 19 years months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frank Lyner
Botwood | Relationship Father.

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <u>19-4-17</u>										
Joined at <u>St John's</u> on <u>April 19th 17</u>										
<u>Embarked St John's, St. Helier to Halifax N.S. 19th 17</u>										
<u>Embarked for B.C.S. 8.2.18</u>					<u>Joined</u>	<u>Bath.</u>	<u>20</u>	<u>2</u>	<u>18</u>	<u>Admitted</u>
<u>89th. trench post 29.3.18</u>					<u>Discharged</u>	<u>to depot</u>	<u>2</u>	<u>4</u>	<u>18</u>	<u>Transferred</u>
<u>from B.C.S. to Winchester 19.1.1919.</u>					<u>to</u>	<u>depot for demobilization</u>				<u>30th 19</u>
<u>Arrives Newfoundland 7-2-1919</u>										
<u>Demobilization 13-4-19</u>										
Total Service forfeited as above.....										

Total Service towards Engagement to 13-4-1919 [date of discharge] 1 years 360 days
 " " " Pensions " [" "] " " "

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

NFLD 3644

MEDICAL HISTORY OF 1914-18

Surname *Spencer* Christian Name *John*

Table I.—GENERAL TABLE

Birthplace:—Parish *Botwood* County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>19th</i> day of <i>April</i> 1917		on day of 191	
	at <i>Headquarters</i>		at	
Declared Age	<i>19</i> years — days		years days	
Trade or Occupation	<i>Lumberman</i>			
Height	<i>5</i> feet <i>7</i> inches		feet inches	
Weight	<i>151</i> lbs.		lbs.	
Chest Measurement	Grith when fully expanded ... <i>39</i> inches		inches	
	Range of Expansion .. <i>4</i> inches		inches	
Physical Development				
Vaccination Marks	Arm	<i>/</i>		
	Number	<i>/</i>		
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<i>W.G. Proenier</i>			
(Rank)	<i>Lieut.</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St John's</i>		at	
	on <i>19th</i> day of <i>April</i> 1917		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>4/1st Nfld</i>	<i>3644</i>		
Transferred to				
Became non-effective by	on day of 191		on day of 191	
(Signature)				
(Rank)				

23-7-51
50051
FED
20051
AS
29-10-51
AS.

[P.T.O.]

list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of
ons and re-admissions to hospital will be shown. The subsequent progress, including particulars
reatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

L. Ryan Lt



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 *John Lyver.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3644,*

Intended address *Botwood.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Brown*

Complexion *Leak,*

Color of eyes *Blue*

Descriptive Marks *Scar left Fore Arm*

Figure on discharge *h. & bluing*

Christian name of Father *Frank*

Christian name of Mother *Jolanna.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Stalks Bay. 28-3-1900*

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 Lyver*

Station *St John's*

Date *21-3-19.*

(Rank) *Pte.*

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 *St John's*

Date *21-3-19.*

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3644 Rank Pte Name Lyster John

Intended place of residence Botwood

2. Occupation Lumberman

Classification of soldier B Medical Category F

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 MAR 28. 1919

H. Mrs. Lestat
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.

28-3-19

J. Sager
Signature of soldier
J. A. Crawford
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S.

28-3-19

Lyster
Signature of soldier
E. Wilson Pgt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-4-17 No of days on Military

Discharged from service 30-3-19 plus 14 days Service 725

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.

MAR 30 1919

R. H. Lait Capt
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 April 13/1919

M. Bowley Capt
Officer i/c Records
The Royal Newfoundland Regiment

afB 2079/1873



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. Johns*

Date *22nd Mar 1919*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>19 yr</i> |
| 2. Regimental No. <i>3644</i> | 6. Enlisted on <i>April 19th 1917</i> |
| 3. Rank <i>Private</i> | at <i>St. Johns</i> |
| 4. Name <i>Lyster John</i> | 7. Former trade or occupation <i>Luncheon.</i> |

8. Disability

Gassed.

9. History *Gassed on the 15th Oct 1918. Was in Belgian home sleep when gassed. Did not report. Condition*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General condition good.
Says he feels a burning
sensation up & down ^{left} ~~right~~
side of neck - This condition
is not permanent. Says he
feels sick in the mornings
sometimes.

11. Was sanatorium
operation advised and refused?

No accompaniment lungs
Pulse 96. Heart normal
Two scars below elbow. healed
I.C.T

12. Do you recommend discharge as permanently unfit?

Signature

L. P. Peterson

Rank or Qualification

.... Major

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x May be considered as ~~aggravated by~~
due to

(a) Service during this war. (b) ~~Climate.~~ (c) ~~Ordinary Military Service~~
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

yes
was struck in the arm accidentally by a bayonet.
Subsequently inflammation of connective tissue
for which two incisions made.
Health appearance state a variety of symptoms
which attributable to gas injury.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
~~retention in~~

Remarks if any:—

Signatures

President

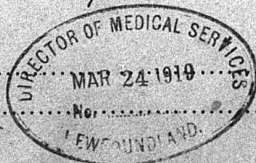
Place

Date

APPROVED

Station

Date



Clay Macpherson
Administrative Medical Officer *Major*

No. 3644 Name *J. Lyves.*

Sqn., Batty., }
or Company }

C Corps *Royal Rfd.*

Date of enlistment } *19-4-17*

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } *29.1.18*

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. 1

Signature O.C. Company, etc. }

J. M. Lyves }
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>In the Field</i>	<i>25/3/18</i>	<i>Pte</i>		<i>Dirty rifle mounting guard</i>	<i>C.S.M. Burnes</i>	<i>2 days C.B.</i>		<i>Capt. H. Rendell</i>	
<i>Subs.</i>	<i>10.12.18</i>	<i>-</i>		<i>Absent from 11.45 P.M. to 12.18 & 9. a.m. 10.12.18 9 1/4 hours</i>	<i>C.S.M. Mooros</i>		<i>10.12.18</i>	<i>Major Benson</i>	<i>Forgets 2 days Pay</i>

ARMY FORM B. 122

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
209.

Number of Sheet *First*
Signature of O. C. Company *Wesley*

Regiment of *1st Newfoundland*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3644 Lyves John.</i>	Age on	<i>19</i> years — months	<i>Lumberman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>St. John's 19.4.17</i>	<i>R. C.</i>	
Joined		Date	Period of	Place of Birth	
Joined	Date	with Colours <i>360</i> years.	with Reserve <i>365</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>Dep.</i>	<i>26th / 17</i>	<i>Pte.</i>		<i>Absent from orderly office inspection 6th</i>	<i>Capt. Ludstone</i>	<i>3 days CB</i>	<i>28/7</i>	<i>Capt. Robertson</i>	<i>CB</i>
<i>Barry.</i>	<i>18/7/17.</i>			<i>Absent from 6³⁰ am parade</i>	<i>Capt. Hall</i>	<i>3 days CB</i>	<i>18/7/17</i>	<i>Capt. Robertson</i>	<i>CB</i>
<i>Barry.</i>	<i>4/9/17.</i>			<i>Absent from tattoo till 10 P.m.</i>	<i>Capt. Hall</i>	<i>3 days CB</i>	<i>10/9/17</i>	<i>Capt. Robertson</i>	<i>CB</i>
<i>N.P. School. Dep.</i>	<i>2/12/17</i>	<i>Pte.</i>		<i>Arrested to a N. C. Officer.</i>	<i>Lt. Bishop</i>	<i>3 days CB</i>	<i>22/12/17</i>	<i>Lt. Emerson</i>	<i>CB</i>
<i>Newton Park School.</i>	<i>7/1/18</i>			<i>Improperly dressed on parade for route march.</i>	<i>Capt. Wardlaw</i>				
	<i>8/1/18</i>			<i>Inattention on Parade</i>		<i>4 days CB</i>	<i>9/1/18</i>	<i>Lieut. Emerson</i>	
<i>Hayley Down Camp</i>	<i>29/1/18</i>			<i>Failure to comply with an order</i>	<i>Capt. Dossier</i>	<i>3 days CB</i>	<i>30/1/18</i>	<i>Lieut. S. Emerson</i>	
	<i>7/2/18</i>			<i>Absent from midnight 6th. until 9 a.m. 7th.</i>	<i>Capt. Rendell</i>		<i>8/1/18</i>	<i>Lieut. S. Emerson</i>	
				<i>Demobilized St. John's 13/4/19</i>					

To be carried over



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **ST. JOHN'S**.....

Date **22ND. MARCH 1919.**.....

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 19 YEARS. |
| 2. Regimental No 3644 | 6. Enlisted on APRIL 19TH. 1917. |
| 3. Rank PTB. | at ST. JOHN'S. |
| 4. Name LYVER JOHN | 7. Former trade or occupation LUMBERMAN. |
| | 8. Disability GASSED. |

9. History

GASSED 18TH. OCT. 1918. WAS IN BELGIAN HOUSE ASKERP WHEN GASSED. DID NOT REPORT CONDITION.

10. What is his present condition?

GENERAL CONDITION GOOD SAYS HE FEELS A BURNING SENSATION UP & DOWN L. SIDE &

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

**NECK. THIS CONDITION IS NOT PERMANENT. SAYS HE FEELS SICK IN THE MORNINGS
SOMETIMES. NO ACCOMPANIMENTS LUNGS. PULSE 96. HEART NORMAL 2 SCARS BELOW
ELBOW HEALED T.C.T.**

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit?

STATEMENT OF CASE

Signature L. PATERSON. MAJOR.

Rank or Qualification MAJOR.

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as aggravated by —
due to

(a) Service during this war. (b) ~~Climate~~. (c) ~~Ordinary Military Service~~
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

YES WAS STRUCK IN THE ARM ACCIDENTLY BY A BAYONET. CONSEQUENTLY INFLAMMATION OF CONNECTIVE TISSUES. FOR WHICH 2 INCISIONS MADE. HEALTHY APPEARANCE A VARIETY OF SYMPTOMS WHICH ATTRIBUTES TO GASSING.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **LESS THAN 5%.**

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

LESS THAN 5%.

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

N.S. FRASER.

President

Signatures **JOHN DUNCAN.**

L. PATERSON. MAJOR.

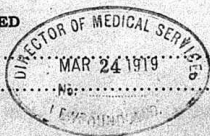
Place **ST. JOHN'S.**

Date **MARCH 24TH. 1919.**

APPROVED

Station

Date



(SGD) **CLUNY MACPHERSON. MAJOR.**

Administrative Medical Officer

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3644 Rank Pte Name Lyver, John
 Intended place of residence Botwood

2. Occupation Lumberman
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of **Demobilization**

Eligible for War Service Entitlement

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** (sgnd) **H. Mews, Lt.**
 Date **MAR 28 1919** for **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** (sgnd) **J. Lyver**
MAR 28 1919 Signature of soldier
 " **J. H. Snow, Lt.**
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date **ST. JOHN'S** (sgnd) **J. Lyver**
MAR 28 1919 Signature of soldier
 " **E. Wilcox, Sgt.**
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **19-4-17** No of days on Military
 Discharged from service **30-3-19 plus 14 days** Service **725**

APPROVAL OF DISCHARGE

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

Place **ST. JOHN'S** *R. J. ... Capt.*
MAR 30 1919 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
 Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place
 Date
 Officer in Charge of Records
 The Royal Newfoundland Regiment

Lyster, John

3644

Ray sept

April 13, 1919

#3644 Pte. John Lyver,
Botwood.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1873."

Yours truly

Paymaster & U.i/o Records Captain

May 12, 1919

#3644 Pte. John Lyver,
Botwood.

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

Paymaster & O.i/c Records Captain.

15793

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 question 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 *John*..... 2. Surname *Lyster*.....

3. Rank *2nd Lt*..... 4. Regt. No. *2.C.4.4*.....

5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded..... *Bottomwood*.....

6. Date of enlistment in the Regiment..... *20th March 1917*.....

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..... *no*.....

9. Address in full of such dependent..... *no*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*.....

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *yes*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Two years*.....

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.....

No

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

No

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

No

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

No

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

No
(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

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

.....

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

S. P. ... Belgium & Germany - from November 1918 to January 15/19

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 Seyver*
 Place of Residence: *Botwood, Nfld.*
 Declared before me at: *S. John's, Nfld.*
 This *28th* day of *March 1919*
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 Dependent	War Service Gratuity	Net amount due
.....	<i>Ums</i>	<i>\$28.00</i>
.....
.....
Certified Correct.			Paymaster.	<i>2</i>

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 3644

Name John Lyves Plt

Address Bathwood

Present Medical Category E

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

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

W. Paterson
Senior Medical Officer

S.W. Buxton
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 assume former occupation
(Lumbering)*

J. Loyer
Signature of Man.

J. A. Crawford
Signature of the Vocational Officer or his Representative.

Reg. No. 3644

Place *St Johns*

Date *28-3-19*

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 36114 Rank Pte Name Lyles John
 Date of Enlistment 19-11-17 Address Batwood District Lwyte
 Occupation Lumberman Classification for Discharge B Medical Category F
 Recommendation S.M.B. Disability Rating Less 5.0%

Passed to Demobilization Officer with following documents:—

N.F. P/38	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 27-3-19

K.M. W. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Lyles

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 *[Signature]*

Date 28-3-19

i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.I.D. 27* to his home at *Ratnas* and Release Certificate No. *1818* issued

Date *27-3-19* *J.A. Lawrence*
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 *13-1-19*

Date *28-3-19* *H. News H.*
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for *30-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 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 *28-3-19* *J.A. Lawrence*
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

MAR 30 1919

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

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

Date



919 Barrington St
Halifax N.S.
NAVAL Canada
Y. M. C. A.



June 16
1919

Sir:-

Please would you send me
My discharge Badge as I
have been sence. th 13 April. 1919

Oblige yours Truly.

No. ³⁴⁴ 344 Ex Pte J Lyver.

JL:

John Lyver.

April 22nd, 1919

From Paymaster,
Discharge Depot

To Vocational Officer,
Militia Bldg.

Attached herewith, please, application from
3644 Pte. S. Lyon. This man has already been pro-
vided with a travelling warrant to him home, and
his application is therefore passed to you for any
further consideration on your part.

ERG/C

C.R. 3644

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated March 31st/19.

The Discharge of the undernoted on Demobilization
has been APPROVED by O.C. Discharge Depot from
noted date.

3644 Pte. John Lyver.

30/3/19.

C.R. 3644

Extract from Medical Board held on Monday Evening
Mar. 24th, 1919.

3644 Pte. J. Lyver.

Recommended discharge from the Army.

3644
~~3644~~
C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, 11-2-19

The undernoted returned from Overseas and reported to
Depot 7-2-19.

Repatriated on account of Demobilization.

3644 Pte. John Lever.

C.R. 3644

Extract from Nominal Roll of the Royal Nfld. Regt.
Embarked S.S. Corsican, Jan. 30, 1919.

3644 Lyver.

C.R. 3644

Extract from Nominal Roll of the Royal Nfld. Regt.
24-1-19.

The undermentioned who was transferred from
B.E.F. to the 2nd Bn., Winchester, awaiting repatriation.
19-1-19.

3644 Pte. J. Lyver.

CR 3644

Extract from Nominal Roll of Draft No. 57 embarked Southampton 8/2/18
from 2nd Batta, Royal Newfoundland Regiment, to 1st Batta, Royal
Newfoundland Regiment, B.E.F.

3644 Pte. Lyver, J.D.

MP.

C.R. 3644

Extract from Nominal Roll, embarked St. John's for Overseas 91-5-17

#3644 Pte. J. Lyver.

C.R.

3644

Extract from Daily Orders Part II Unit The Royal Wilt.
Regt., St. John's, April 19th, 1917.

3644 Pte. J. Lyver.

Attached to the Strength from April 19th, 1917.

C.R. 3644

Extract from Daily Orders Part II Royal Newfoundland
Regiment. Depot St. John's dated October 20th 1919.

The discharge of the undernoted on demobilisation
has been CONFIRMED by Officer i/c Records from noted
date 13-4-19.

3644, Sgt. J. Lyver.

No 3587



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Lyver, Regl. No. 3644

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins June 1st 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3366		<u>Mother to Frank (Johanna) Lyver</u>	<u>Botwood</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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

(Sig.) Chas. L. Ayleapt.
 Officer Commanding
4 Company
May 15 1917

(Sig.) John Lyver
 (Rank) Pte.

ST. JOHN'S, MAR 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. J. Lyner

Billeting Soldiers as undermentioned

from Feb 8th 19 to Mar 30th 19

3644 - W. J. Lyner 52 60

ADDITION	<u>17597</u>
OH. NO.	<u>60</u>
IND. LOGG.	
PAY LOGG.	
GRAND TOTAL	<u>52 60</u>

Certified correct for

J. H. Crawford
Billeting Officer.
W. J. Lyner

J. Lyner

C.R.

3644

A.H.D.



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

John Lyver.

aged

19

conducted at

Hodgson.

Date:

19/4/17

Recruiting Officer:

NO OF TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 yes. ~~left~~ Right leg. 8 yrs. ago
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no no
- 10 "
- 11 "
- 12 "
- 13 "
- 14 "
- 15 "
- 16 "
- 17 "
- 18 "
- 19 6/6 Bats
- 20 "
- 21 "
- 22 "
- 23 "
- 24 "
- 25 "
- 26 "
- 27 "
- 28 "
- 29 "
- 30 "
- 31 "
- 32 "

36 H X

no
5ft 7
151 lbs.
33-39

\$170 Per year.

Father Frank.

Botwood.

no

SW Burden

JL

Signature of Medical Examiner:

No 3587



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Lyver, Regl. No. 3644

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins June 1st 17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3366	mother to	Frank (Johanna) Lyver	Botwood	60
Total Allotment, \$				60

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

(Sig.) Charles A. [Signature]
 Officer Commanding
Company
 May 15 1917

(Sig.) John Lyver
 (Rank) Pte.

No. 3644 Rank Pte Name Syver J.

Pay	100.10	To	110.00
Less			20.00
Net Rate			50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	p	y	e
						From	To					
Balance					Balance	20/12/8						14-8-8
Acquittance Rolls					Pay @ Net Rate	21/1/8	24/1/9	35	50	17	50	3 11 11
Hospital Advances												18-0-7
A.B. 64.			3	2	8 ⁰⁰							
P.&R.O. Payments					credit							
Report			5	0	0 ⁰⁰							
Harbit Pay 4 ⁴⁰			18	1	1 ⁰⁰							
<hr/>					8 19 10							
<hr/>					8 19 10							
Receipt 1008			9	10	0 ⁰⁰							
					2 ⁰⁰							

L9-0-9
W.H.
20/1/19

No. of Envelopes

No. of Envelopes

L9-0-9

1931

old Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

Signature

Date

Address



OCT 5

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

John Lyver

in respect of his service as No. **3644** Rank **Pte.**

Name **J. Lyver**

Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

Nov 12th

Signature

John Lyver

Date

Nov 16th

Address

Botwood

[P.T.O.]

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.

Dept of Militia,

St. John's Nfld.

Fold Here



July 7th. 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1839), is forwarded herewith to

John Lyver,

in respect of his service as No. 3644 Rank Pvta,

Name John Lyver, Corps Royal Hfld Regt.

Receipt of the same should be acknowledged hereon.

Received 26th. August 1921

Signature

John Lyver

MJ

Date

29/8/21.

Address

Bethwood

Receipt for Army Book 64

No. 3644 Name J. Lyner

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

Name John Lyner

Date Sept 7th 1920

Place Botwood Wld

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



A 36144
Demobilization Form

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 36144 Rank Pte Name Liver John
 Date of Enlistment 19-4-17 Address Batward District Twente
 Occupation Lumberman Classification for Discharge B Medical Category F
 Recommendation S.M.B. _____ Disability Rating Less 5%
 Passed to Demobilization Officer with following documents:-

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

Date 27-3-19
 for O. C. Discharge Depot. *H.M. [Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Liver

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:-

- (a) Clothing Allowance payable. \$65.00
- (b) Clothing Supplied *[Signature]*

Date 25-3-19 O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Reg. 27*..... to his home at *Retford*..... and Release Certificate No. *1418*..... issued

Date *27-3-19*.....

J.A. Crawford
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 *13-11-19*.....

Date *28-3-19*.....

H. W. H.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEA PAY

Discharge approved for *30-3-19*.....

Forwarded with following documents to O.C Discharge Depot.

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

Date *29-3-19*.....

J.A. Crawford
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 *MAK 30 1919*.....

R.H. J. J.
O. C. Discharge Depot.

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

Date *April 11 1919*.....

[Signature]
[Signature]

STATEMENT OF ACCOUNTS TO 30-1-19 FROM PAY

RICHARD BENTON & RECORD OFFICE LONDON

3644 Pte. Lyver, J.

Cr. Bal. 12/2 PLUS 1 DAY'S PAY (31-1-19)

This transferred to Pay Office 9-1-19

WORK SHEET DVA 1002

1. Surname JOHN
2. Christian Names LYVER
3. Date of Birth 28 March 1900
4. Military Honours

- | 5. <u>Units</u> (including that on discharge) | <u>Highest rank in Unit</u> |
|---|-----------------------------|
| (a) Royal Newfoundland Regiment | Pte |
| (b) | |
| (c) | |
| (d) | |
| (e) | |
| (f) | |

Date: 21-5-76

Clerk's Initials: *Ray*