



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5981 Name Lernard Newnam, Corps CofB

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

1. What is your name? ..... 1. Lernard Newnam
2. What is your full Address? ..... 2. 101 Balfour Ave  
Fogo
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 26 Years ..... Months
5. What is your Trade or Calling? ..... 5. Postman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Lernard Newnam 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.

Lernard Newnam SIGNATURE OF RECRUIT.  
10/15/18 Corp [Signature] Signature of Witness.

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

I, Lernard Newnam 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 .....  
on this 10 day of Aug 1918  
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 12-8 1918  
Place St. John's } Approving Officer. [Signature]

† 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

5981

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

Name Leonard Newman  
 Apparent age 26 years 05 months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Father Samuel  
Joe Batts Arm | 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>10-8-18</u>									<div style="font-size: 2em; font-family: cursive;">                     Discharged August 18/1919                 </div>
Joined at <u>St. Louis</u> on <u>August 10-18</u>									
Embarked <u>St. Louis</u> train to <u>Halifax N.S.</u> <u>22-9-18</u>									<div style="font-size: 2em; font-family: cursive;">                     Demobilization <u>St. Louis</u> <u>8-8-1919</u> </div>
S. Kempfman for demobilization <u>24-6-19</u>									
Arrived <u>Kempfman</u> <u>27-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-19</u> [date of discharge] <u>in</u> <u>364</u> <u>days</u>									
Pensions " " " " " " " " " " " "									

Reg. No. 5981 Rank Plt Name Newman Leonard  
Attested 10-8-18 Address Joe Bath Arms  
Allotment 1-10-18 Allottee Mother (Mrs Sam Newman)  
Date of Allotment 504 Returned from Overseas  
Embarked for Overseas SEP 22 1918 Cause

Vacc 16<sup>th</sup> 1st Dec 14-9-18

S. leave 25-8-18 to 2-9-18. Reto 1-9-18.

C.R. 5981

Extract from Daily Orders Part II Royal Newfoundland Regiment

Dated August 19th 1919. Depot St. John's

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

5981, Pte. L. Newman.

C.R. 5981

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated August 12, 1918.

#5981 Pte. Leonard Newman.

Attested for General Service with the Royal Hfld.  
Regt. from <sup>no</sup> 2-3-18

C.N. 5981

Extract from Daily Orders Part II Unit The Royal Welch  
Regt. St. John's, July 15th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. Discharge Depot, with effect from 25-7-19.

5981 Pte. L. Newman.

C.R. 5981

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

5981 Pte. I. Newman.

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

C.R. 5981

Extract from General Roll Entitled St. John's for Overseas,  
Sept. 22, 1916. "M"

5981 Pte. Newman Leonard.



C.R. 5981

Extract from Daily Orders By Major M.S. Sullivan, Commanding Hfld. Forestry Companies, 25-11-18.

The undernoted having arrived back from 2nd Bn. Royal Hfld. Regt. is attached to the strength from this date and posted to "B" Co. for rations.

5981 Pte. L. Newman

L. Newman

C.R. 5981.

1110



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Leonard Newman, Regl. No. 5981

hereby agree, until further notification by me, and in similar official form to make an Allotment of 2/19 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz :

Allotment begins October 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7112	Mother	Mrs Samuel Newman	Joe. Bath's Row	50
Total Allotment, \$				50

ENTERED.

PAY LEDGERS 20/21/18

NUM. ROLL

ALLOT. INDEX

\* REGISTER

EXAMINED

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.) [Signature]

Officer Commanding  
Company

[Signature]  
Sept. 20<sup>th</sup> 1918

(Sig.) [Signature]  
(Rank) Private

No. 2923/416.

064467

N.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Bn. Ryl Nfld Regt.  
Winchester.

19th February 1919

Feb 28 1919

5981. Pte Newman. L.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 36 )

*J. J. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5981. Newman.

£7.0.0.

Received the sum of Seven pounds

Cheque £ 7.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

£7-0-0 in respect of telegraphic remittance from the Minister of Militia.

Leonard Newman

No. 5981 Rank Pte

Witness P. Munnier Lieut

*A. J. ...*  
Chief Paymaster & O. i/c Records.

N.F.P./SR.

NEWFOUNDLAND CONTINGENT

TELEGRAM <sup>full text</sup>~~extract~~ from MINISTER OF MILITIA No. 795


Dated 25 4 19 (153), Received / /

Decoded by J. S. Checked by 26 4 19  
R.A.P.

Branch Records Acted upon (Initial) \_\_\_\_\_

Acknowledged per No. \_\_\_\_\_ dated / /

Please inform-condition of-5997-Coffin-



C. PD. 100012

*G.D.*

N.F.P. 170.

No. 7921/1541

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Bat. Ryl. Nfld. Regiment  
Winchester.

26th May 1919

5981 Pte. L Newman

With reference to the following telegram from the Minister of Militia / / 19 ( 202:

"Pay to- 5981 L. Newman  
£6. 0. 0.

Cheque £6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. A. Munnell Pay.*

Chief Paymaster & O. i/c Records.

May 29<sup>th</sup> 1919.

Receipt hereunder.

*J. Newman*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 1 Batt'n.

Received the sum of £ 6. 0. 0

Six Pounds. in respect of telegraphic remittance from the Minister of Militia.

Lt L Newman

No. 5981 Rank Pte

Witness: H. White

Newman, L

5981

Ray & Sept.

August 8th 1919.

#5981, Pte. L. Newman,  
Joe Batt's Army.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3611.

Yours truly,

Capt  
Officer i/c Records.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5981 Rank Pte Name Hermon L.  
 Intended place of residence St John's  
 Occupation Insulman  
 Classification of soldier 2 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 JUL 11 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 11 1919  
 Signature of soldier  
 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, ST. JOHN'S  
 Date JUL 11 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-8-18 No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 364

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty 14 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 8/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

027B204913611

# The Royal Newfoundland Regiment

Class for Demobilization:

*7*  
*6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *10.7.19* .....

Regimental No. *5981* .....

Name ..... *Newman Leonard* .....

Address ..... *Joe Betts Ave* .....

Present Medical Category ..... *A1* .....

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

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R. H. Last Major*  
O.C. Discharge Depot.

*J. Paterson*  
Senior Medical Officer

*S. E. Burden*  
~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5981 Rank pts Name Newman L  
 Date of Enlistment 10-8-18 Address for Bathurst District Dep  
 Occupation Fisherman Classification for Discharge E1 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 10-7-19 .....

1 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

L Newman

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 11-7-19 .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **2321R** to his home at **J. Battisdon** and Release Certificate No. **3467** issued.

Date **11-7-19** *J.A. Howlett*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to **8-8-19**

Date **11-7-19** *J.M. Howlett*  
Depot Paymaster.

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 **11-7-19** *J.A. Howlett*  
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 25 1919** *L.R. Lodge Capt.*  
O. C. Discharge Depot.

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

Date .....

# Civil Re-establishment Committee



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

To resume former Occupation.

*L. Hummer*

Signature of Man.

*J. H. Howcroft*

Reg. No. 3981

Signature of the Vocational Officer or his Representative.

Place

*21 Johns*

Date

*11-7-19*

191

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

# MEDICAL HISTORY

Surname Newman

Christian Name Leonard

Table I.—GENERAL TABLE

Birthplace :—Parish Joe Batts Arm County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined .....	on <u>10<sup>th</sup></u> day of <u>August</u> 191 <u>8</u>		on	day of 191
	at <u>St Johns</u>		at	
Declared Age .....	<u>26</u> years	days	years	days
Trade or Occupation .....	<u>Fisherman</u>			
Height .....	<u>5</u> feet	<u>4</u> inches	feet	inches
Weight .....		<u>150</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded .....	<u>39</u> inches		inches
	Range of Expansion .....	<u>4</u> inches		inches
Physical Development .....				
Vaccination Marks {	Right	Left	Right	Left
	Number .....			
When Vaccinated .....				
Vision .....	R.E.—V=	<u>6/9</u>	R.E.—V=	
	L.E.—V=	<u>6/9</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>Samuel Adams</u>			
(Rank) .....		Medical Officer		Medical Officer
Enlisted .....	at <u>St Johns</u>		at	
	on <u>10<sup>th</sup></u> day of <u>August</u> 191 <u>8</u>		on	day of 191
Joined on Enlistment .....	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal</u>	<u>5981</u>		
Transferred to .....	<u>Regt</u>			
Became non-effective by .....	on	day of 191	on	day of 191
(Signature) .....				
(Rank) .....				



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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*  
 2. Regtl. No. *S. 981* 3. Rank. *pte* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Newman Leonard* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday *26*  
 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  
 (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.  
 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, &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.)*

*No complaints of no 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 invalidated at Foreign Stations.

*Repatriation*

*W.E. Proctor, Capt RMC*  
 Medical Officer in charge of case.

Station *Magdalay Barr*

Date *9/4/19*

\* 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



## 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

*Leonard Newman*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*5981*

Intended address

*Joe Batt Arm.*

Height on discharge

*5* Feet *5*

Color of hair on discharge

*Light*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

*Tatto on Arms*

Figure on discharge

*Medium*

Christian name of Father

*Samuel*

Christian name of Mother

*Edna*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Joe Batt Arm, 31 May 1892*

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)

*Leonard Newman*

*Plt*  
(Rank)

Station

**ST. JOHN'S**

Date

*7. 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

August 16, 1919

Mr Leonard Newman,  
Joe Batts Arm,  
FOGO BIST.

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

Captain & Paymaster.

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..... *Reginald* 2. Surname..... *Newman*  
3. Rank..... *Cpl* 4. Regtl. No..... *5981*  
5. Address in full to which future payments of gratuity are to be forwarded..... *Joe Batt's Arm*  
*Fogo Pk.*  
*Aug. 8/18*  
6. Date of enlistment in the Regiment.....  
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..... *Overseas*  
12. Give total length of time which you served on active service whether in Nfld. or Overseas..... *From Aug. 8/18 to July 11/19*

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?..... *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.?..... *No.* If not give? - (a) date of discharge..... *July 11/19* Reason for discharge..... *Unnecessary*

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

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

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

Leonard Newman

Signature of Applicant:

Place of Residence:

Declared before me at:

This

15th

day of

July

1919

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

John McCarthy

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
-----------	---------------	-----------------	-----------------------	----------------

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

Certified correct.

Paymaster

Fold 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

OCT 20 ~~1921~~ 1921.

The accompanying ~~Victory Medal~~ and/or **British War Medal**  
is/are forwarded herewith to

Leonard Newman

in respect of his service as No. 5981 Rank Pte.

Name L. Newman Royal Nfld. Regt.  
Nfld. Forestry

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Leonard Newman

Date Nov 7<sup>th</sup> 1921

Address Joe Bath's farm

[P.T.O.]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet

*one*

Regiment of

*Royal Newfoundland*

Signature of O. C. Company,

*[Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>Leonard Newman</i>	Age on	<i>26</i> years <i>0</i> months	<i>Fisherman</i>			
Joined	Date	Place and Date of Enlistment	<i>St Johns</i> <i>10-8-18</i>	Religion			
Joined	Date	Period of	with Colours <i>364</i> years. with Reserve <i>366</i> years.	Place of Birth	<i>Joe Battalman Fogodist</i>		
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St Johns</i>	<i>8 5/19</i>			

To be carried over.

C.R. 5981

Army Form B. 179A

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. *5981*      3. Rank. *Pvt*
- 4. Name *Newman*      *Leonard*  
(Surname)      (Christian Names)
- 5. Age last birthday. *26*
- 6. Posted for duty on ..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 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) Date of Discharge;  
(b) Where      (c) Cause of Discharge.  
(c) Opinion of Court      (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."

- 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, &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.)

*He complains of no 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*

*W. E. Proctor* *Officer*  
*Rouse*

Medical Officer in charge of case.

Station *Hazleydown*

Date *9/14/19*

\* 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

C.R. 5981  
Army Form B 179A

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 Newfoundlands* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5981* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Freake* *Fredrick* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *22*
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 ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (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."
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, &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.)

*No Complaints of his 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*

*W. E. Proctor* *Capt*  
*R. D. M. R. D. M. R.*

Medical Officer in charge of case.

Station . *Hageley Barracks*

Date . *9/14/19*

\* 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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5981 Rank Pvt Name Newman L  
 Date of Enlistment 10-8-18 Address for Bathurst District St. J.  
 Occupation Butcher Classification for Discharge F1 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 10-7-19 ..... R O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am able in a position to resume civilian occupation.

L Newman

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

Date 11-7-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2321R to his home at Jac Bathoorn and Release Certificate No. 3467 issued.

Date 11-7-19 J.A. Smulett  
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 8-8-19

Date 11-7-19 J.A. Smulett  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19 J.A. Smulett  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 25 1919

Date ..... H.R. Cooper Capt.  
O. C. Discharge Depot.

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

Date Aug 7 1919 [Signature]