



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5546 Name Lorenzo Noble Corps Meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Lorenzo Noble</u> |
| 2. What is your full Address? | 2. <u>Nippers St. N. & B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, Lorenzo Noble 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.

.....
Lorenzo Noble SIGNATURE OF RECRUIT.
W. B. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 31 day of May 1915.

Signature of Attesting Officer W. B. Power

†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.....

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 Lorenzo Noble

Apparent age 23 years months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Noble
Nippers H. C. | Relationship Mother
N. D. B. 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 | | | | | | | | | <div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; border-radius: 50%;"></div> |
| Joined at <u> </u> on <u> </u> | | | | | | | | | |
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| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to [date of discharge] _____ years _____ days | | | | | | | | | |
| " " Pensions " [" "] " " " " | | | | | | | | | |



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5546 Name Lorenzo Noble Corps Meths

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Lorenzo Noble</u> |
| 2. What is your full Address? | 2. <u>Nippers Hs. N.D.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, Lorenzo Noble

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.

Lorenzo Noble

SIGNATURE OF RECRUIT.

W. Power

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Lorenzo Noble

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.

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Signature of Attesting Officer Asdicks Lieut

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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.....

Place..... } Approving Officer.

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 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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DESCRIPTIVE REPORT ON ENLISTMENT

5546

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

Name Lorenzo Noble
 Apparent age 23 years months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 { Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Noble
Nippers Hs. | Relationship Mother
N. D. B. 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>31-5-18</u> | | | | | | | | | |
| Joined at <u>N. Johns</u> on <u>May 31-1918</u> | | | | | | | | | |
| <u>Discharged. N. Johns. Aug 24/1918</u> | | | | | | | | | |
| <u>Admitted Barracks Hospital 5-6-18</u> | | | | | | | | | |
| <u>Admitted General Hospital 15-6-18</u> | | | | | | | | | |
| <u>Discharged do do 9-7-18</u> <u>Admitted Barracks Hosp.</u> | | | | | | | | | |
| <u>Discharged Barracks do 11-7-18</u> <u>do Honovans</u> | | | | | | | | | |
| <u>Discharged Honovans 6-8-18</u> | | | | | | | | | |
| Total Service forfeited as above <u>Discharged medically Dept 24-8-1918</u> | | | | | | | | | |
| Total Service towards Engagement to <u>24-8-1918</u> [date of discharge] <u>86</u> years <u>86</u> days | | | | | | | | | |
| " " Pensions " [" "] " " " | | | | | | | | | |

C.R.

5546

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

5546 Pte. L. Noble,

Discharged 24 - 8 - 18, Medically unfit

C.R. 5546

Extract from Daily Orders Part 11 Unit St. John's Sept. 7th 1918.

- - - - -

#5546 Pte. Lor. Noble.

HAVING BEEN FOUND MEDICALLY UNFIT ARE STRUCH OF THE STREIGHT
FROM 2/9/1918.

CR 5546

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated 14-8-18.

5546 Pte. L. Noble.

Granted leave from Aug.10-18 to Nov.10-18.

C.R. 5546

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

5546, Pte. Noble, L.

Discharged from Donovans Convalescent Hospital, 6/8/1918.

C.R. 5546

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 16, 1918.

#5546 Pte. L. Noble.

Discharged from Barracks Hospital 15-7-18

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated June 22, 1918.

To Mrs. Elizabeth Noble, Nippers Hr. N.D.B.

Reg to inform you that No. 5546 Lorenzo Noble Improved

Lieut. Col. W. F. Rendell, C.S.O.

FOR TYPEWRITER

look up number

C.R. 5546
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated June 27, 1918
To Mrs. Elizabeth Noble,

Nippers Hz.

Beg to inform you that No. 5546 Pte. Lorenzo Noble
is now convalescent.

Lieut. Col. W. F. Rendell.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 18 Sent by W Paid by 10

Place from Nippersuck 27

To W. F. Rendell
Lieut Col.



Please wire condition
5546 Ste. Lorenzo Nobli
anxious to hear.

Mrs Elizabeth Noble



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. H Sent by X Rec'd by _____ Check 10/- No. _____

Place from St. John's 19

To W F Rendell



Actg. Mgr. Militia

What is 5546 Pte

Lorenzo Nobles ailment

Kindly wire Condition

Mrs Elizabeth Noble

~~Boncho~~

Boncho Pneumonia

C.R. 5546
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-----------------|-----|----|------|----|-------|
| June 28th, 1918 | | | | | |

Dated

To Elizabeth Noble, Hipper's Hr., N.D.B.

Slight improvement 5546, Pte. Lorenzo Noble

W.F. Rendell, Lieutl Col.

Chief Staff Officer.

C.P. Counter No. 5546

NEWFOUNDLAND POSTAL TELEGRAPHS.



Gable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Militia Dept.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated June 21st 1918.

To Mrs Elizabeth Noble,

Nippers Harbour, N.S.

beg to inform you that your son 5546 Pte Lorenzo Noble is improved.

W.F. Rendell,

Lieut. Col. C.S.O.

for Minister of Militia.

C.R. Counter No. 5546

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated June 20th 1918.

To Mrs Elizabeth Noble, Nippers Harbour, N.D.B.

5546 Pte Lorenzo Noble Improving.

W.F.Rendell,

Lieut.Col. C.S.O.

for Minister of Militia.

C.R. 5546
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated June 17th 1918.

To Mrs Elizabeth Noble, Nippers Harbour, N.D.B.

Regret to inform you that 5546 Pte Lorenzo ~~More~~ Noble is now at the General Hospital dangerously ill.

W.F.Rendell,
Lieut.Col., C.S.O.
for Minister of Militia.

C.R. 5546

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated June 1st, 1918

#5548 Pte. L. Noble

Attested for General Service with the Royal Mfld. Regt.
from 31.5.18

C.R. 5546

Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender: Mrs. Elizabeth Noble. Address Nippers Hr.

| Line Number | Red | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated June 27th. 1918.

To W.F.Rendell,
Lieut. Col.

Please wire condition of 5546 pte. Lorenzo Noble. Anxious to hear.

Mrs. Elizabeth Noble.



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 *Aug.*

1. Unit *1st. Newfoundland*
 2. Regimental No. *5046*
 3. Rank. *P/6*
 4. Name. *Noble. Lorenzo*
 5. Age last birthday. *23 years*
 6. Enlisted on *31st May*
1918 at *St. John's*
 7. Former trade or occupation *Fisherman.*

8. Disability

Influenza & Pleuritis

9. History *Developed Influenza at Barracks St. John's*
was sent to General Hosp. 15-6-18 was under treatment
here for 24 days then transferred to Donovan's Convalescent
Camp. for 22 days.

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.)

Heart sounds a bit weak & heart rate is 120 - Temp 98.1°
Some evidence of pleurisy in Rt axillary line ~~to base~~
The complain of stitch on taking along breath - The complain of weakness.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Yes -

Signature

T. W. Burdett

Rank or Qualification

Col. M. D.

Remarks if any by Officer in 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:— Infection

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

Pulse Rate 140 (Standing) Heart sounds, clear.
weight in pants & Boots 145 1/2 lbs.
Marked tenderness in intercostal spaces both sides.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— less than 20%

16. Is the disability permanent? No

17. Has the disability been aggravated by (a) Intemperance. No (b) Misconduct. No

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. No

20. We recommend discharge from abd. cmpt ~~discharge from~~ the Army ~~with 3 months furlough~~ retention in

Remarks if any:—

Chas Macpherson Major
Donald Pat President
Archibald

Signatures.

Place St. John's Nfld
Date Aug. 10th 1918

APPROVED
Station Chas Macpherson
Date NEWFOUNDLAND



D. M. S. NEWFOUNDLAND.
Administrative Medical Officer.

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

MEDICAL HISTORY

OF

Surname

Noble

Christian Name

Rosenz

Table I.—GENERAL TABLE.

Birthplace:—Parish

Rippers for R.D.B.

County

Newfoundland

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|------------------------------|----------------------|------------------|------------|
| | on | day of | on | day of |
| Examined | 31 | May | | |
| | at <i>Sx John's.</i> | | | |
| Declared Age... | 33 | years | | |
| Trade or Occupation | <i>Fabermen</i> | | | |
| Height | 5 | feet | | |
| | | 7 | | |
| Weight | | 145 | | |
| | | lbs. | | |
| Chest Measurement | Girth when fully expanded | | 36 1/2 | |
| | Range of Expansion | | 3 | |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | / | | / | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | 60 | R.E.—V= | |
| | L.E.—V= | 66 | 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>L. M. P. ...</i> | | | |
| (Rank) | <i>Major</i> | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at <i>Sx John's.</i> | | at | |
| | on | 31 day of <i>May</i> | on | day of |
| | | 1918 | | 191 |
| Joined on Enlistment | Corps. | Regtl. No. | Corps. | Regtl. No. |
| | <i>Royal Nfld. Regiment.</i> | <i>5046</i> | | |
| Transferred to | | | | |
| Became non-effective by | on | day of | on | day of |
| | | 191 | | 191 |
| (Signature) | | | | |
| (Rank) | | | | |

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 case of discharges and re-admissions to hospitals 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

Temp. normal for several days. Consider pt.
at present unfit for heavy duty, recommend
Convalescent Home.

L. H. Hagan

L. W. Berden

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

| Date | Brief Details, and Signatures |
|--------|-------------------------------|
| 1-6-18 | Vacc. 20 |

Table IV.—SERVICE TABLE.

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

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters May 24/18

1. Name Parengo Yalle Age (a) Declared 23
(b) Apparent

2. Do you know of anything wrong with you? Drunk with Right Arm

What severe illnesses have you had? none

Scars
Comp
marks
Burns
medium

5546

3. Height 5 ft 7 in Weight 145

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n

Measurement (a) Expiration 33 1/2 (b) Inspiration 36 1/2

7. Examination of Heart n

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness) n

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Mother Elizabeth Lippus Stn

REMARKS--

A 11

NOB
Arthur H. Corneil
Archibald

Medical Examiners.

This is to certify, that Lawrence Hall
of Cape Mahone has been examined by me and found
Medically unfit for service in the Royal Naval Reserve.

Dated this 31 day of Nov 1918

Alfred Innes ~~St. John~~ Kee

John Dr. Bannister
Fleet Surgeon, R.N.,

H. M. S. "Briton,"

St. John's, N.F.



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 **August**

- | | |
|----------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. 23 |
| 2. Regimental No. 5546 | 6. Enlisted on May 31st., 1918 |
| 3. Rank. Private | at St. John's |
| 4. Name. Noble, Lorenzo | 7. Former trade or occupation Fisherman |

8. Disability

INFLUENZA WITH PLEURITIS

9. History: **Developed Influenza at Barracks St. John's. Was sent to General Hospital 15/6/18, was under treatment here for 24 days, then transferred to Donovans Convalescent Camp for 22 days.**

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.)

Heart sounds a bit weak and heart rate is 120. Temperature 98. Some evidence of pleurisy in right axillary line. He complains of stitch on taking a long breath. He complains of weakness

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? **Yes**

Signature (Sgd) F. W. BURDEN...
Rank or Qualification ACTG. M. O.

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:— **Infection**

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

Pulse rate 140 (standing) Heart sounds clear. Weight in pants and boots 145½ lbs.

Marked tenderness in intercostal spaces both sides

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
 (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— **Less than 20%**

16. Is the disability permanent? **No**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

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 Con- **No**
 valescent Hospital,
 Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

(Sgd) CLUNY MACPHERSON, Major
 J. SINCLAIR TAIT President
 Signatures. ARCH C. TAIT

Place **St. John's, Nfld.**
 Date **August 10th., 1918**

APPROVED
 Station
 Date


(Sgd) CLUNY MACPHERSON, Major
 Administrative Medical Officer.

Certified Correct Copy
 CLUNY MACPHERSON, Major
 Per *A. W. B.*



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, this 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 *Noble Lorenzo*

Regiment from which discharged *1st. Newfoundland*

Regimental number *5546.*

Intended address *Suppers Str. 92 D B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark.*

Complexion *Fair.*

Color of eye *Brown.*

Descriptive Marks

Figure on discharge *medium.*

Christian name of Father *William*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Suppers Str. 29th Oct. 1894.*

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) *Lorenzo Noble* (Rank) *Private*

Station *St Johns* Date *Oct*

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.

St. Burden
Medical Officer i/c Hospital.
Unit, or Command Depot.

Station *St Johns N.Y.* Date *Aug. 8/18*

Kobb, L

5546

Hay Sept.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

| | | |
|--|--------------------------|---------------------------------|
| No. <u>5546</u> | Army Rank <u>Private</u> | |
| Name <u>Lorenzo Noble</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small> | | |
| Corps <u>The Royal Newfoundland Regt.</u> | | |
| Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small> | | |
| Date of discharge <u>August 24th 1918</u> | | |
| Place of discharge <u>St. John's, Nfld.</u> | | |
| 1. <small>Description at the time of discharge.</small> | | |
| Age <u>23</u> years <u>10</u> months Height <u>5</u> feet <u>7</u> inches Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>brown</u> Hair <u>dark</u> Trade <u>fisherman</u> Intended place of residence { <u>Hippers St. N.S.B.</u> <small>(To be given as fully as practicable)</small> | Descriptive marks. | |
| <p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p> | | |
| 2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u> | | |
| <p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p> | | |
| 3. Military character:— _____ _____ | | |
| 4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ | | |
| Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. | | |
| | | Initials of Commanding Officer. |

To be filled in on the soldier quitting the Colours.

Army Form B. 2068 has been issued to*

Initials of Commanding Officer.



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Aug 8 1918

Regimental No. 5546

Name Goble Lawrence

Address

Disease or Disability Influenza with Pleuritis

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation Standing medical Board

Category

Members
of
Board

R. H. J. Lat Capt. O. C. Depot
W. Borden M. O. Depot
Archer M. O. Depot

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 72.³⁰

Sept. 25th 19 18

Received from the First Newfoundland Regiment
the sum of Seventy two ³⁰/₁₀₀ Dollars.
~~on account~~
balance of Pay.

| | | | |
|-------------|------|----------|----|
| Ch. No. | 3031 | Initials | EW |
| Pay Ledger | 394 | Initials | WR |
| Gen. Ledger | | Initials | |

Regtl. No. Rank

[Handwritten signature]

No. 5546

Rank PL-

Name Noble L.

Oct. 2nd, 1918.

Pte. Lorenzo Noble,
Nippew's Harbor, N.D.B.

Dear Sir,-

I enclose herewith cheque for \$72.30, being balance of pay due you at date of Discharge, also certificate of Pay.

I also enclose Certificate of Discharge, dated Aug. 24th, 1918, together with special form which kindly sign and return to this office.

Yours faithfully,

Capt.
Paymaster & Q. I/C Records.

Enclosures 4.

Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I have received all my
Pay and allowances (including clothing allowance), and
all just demands up to the present date.

Date Oct. 16th. 1918. Sig. of Soldier Pte Lorenzo Hobbs
Place Plymouth Harbour Sig. of Witness H. R. Starke

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

C. M. Drake Jones

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | | | | |
|----------------------------|-----------------|---|--|------------------------|---|--------------------|---|-----------------|---------|
| No. | <i>5276</i> | Age on | <i>23</i> years <i>0</i> months | <i>Fisher man</i> | | | | | |
| <i>Lorewyns Noble</i> | | Place and Date of Enlistment | <i>St John's 31-5-18</i> | Religion | | | | | |
| Joined | Date | Period of) with Colours <i>86</i> years. with Reserve <i>365</i> years. | Place of Birth <i>Upper N. Nova</i> | | | | | | |
| Joined | Date | | | | | | | | |
| Joined | Date | | | | | | | | |
| 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>Medically Unfit</i> | <i>St John's</i> | <i>24 5/18</i> | | | |

To be carried over.

Reg. No. 5546 Rank Pvt. Name Noble, L.
Attested 31-578 Address Nippers St.
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas.....
Embarked for Overseas..... Cause.....

Page 16
5 1/8 Ad. Barrack Hosp. cold.
15 1/8 Ad. General Hosp. Pleurisy.
9-7-18 Discharged Gen Hos. and Adm. to Barracks Hos.
15-7-18 Discharged Barracks Hos. to Convoys
6-8-18 do from Convoys
9-1-18 without pay from Aug 10 - Nov 10-18
10-8-18 Recommended Discharge from the Army
DISCHARGED - MEDICALLY UNFIT 24-8-18 No 157

Depot
55 + 6

September 10th, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5644 Pte. Whelan, Wm.
5466 " Parsons, Jas.
5546 " Noble, L.
5030 " Dalton, Jas.

It is noted that marginally noted recruits have been discharged by the Pay Office. They had been previously recommended by the Standing Medical Board for furlough, which was granted them by Depot, but later the Standing Medical Board reconsidered their decision and recommended them for discharge, while they were still on furlough, so that I had no opportunity of sending them to you in the regular way.

As a result, their accounts on Company Pay Sheets were not adjusted and a credit balance was brought forward for them at the end of August. These balances are now deleted from September Sheets. Will you please arrange to remit them the balances shown to their credit, less the number of days in August when they were off the strength.

GDW:AG

September 6th, 1918.

Officer Commanding.
Royal, Mfld. Regiment.
Headquarters.

Sir;

The undermentioned men have been discharged on
the dates given. Kindly note and post in Daily Orders
Part II.

I have, etc.

(SOD). J.M. ROWLEY.

Capt.

Paymaster & C. i/o Records.

| | | | | |
|-------|----------|------------------|------------------|-------------|
| 3436. | Private. | Martin, James. | Aug 22nd, 1918. | Med, Unfit. |
| 5466. | " | Parsons, James. | do | do |
| 5030. | " | Dalton, James | Aug 24th, 1918. | do |
| 5546. | " | Hoble, Lorenzo. | do. | do |
| 5644. | " | Whelan, William. | do | do |
| 2980. | " | Walsh, Wm, E. | Sept, 2nd, 1918. | do |
| 2678. | " | Crane, W. Fred. | do | do |
| 3298. | " | Collins, Thos. | do | do |