



# FIRST NEWFOUNDLAND REGIMENT

3528

## ATTESTATION OF

No. 3528 Name Lorenzo G. Pike Corps Capt

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

1. What is your name? ..... 1. Lorenzo G. Pike
2. What is your full Address? ..... 2. St. John's, Nfld.  
Fortune Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 18 Years — Months
5. What is your Trade or Calling? ..... 5. Clerk
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 .....
- II. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } II. Yes

I, Lorenzo G. Pike 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.

6.12.3.17 Lorenzo G. Pike SIGNATURE OF RECRUIT.  
Harold Mitchell Signature of Witness.

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

I, Lorenzo G. Pike 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 12 day of Nov 1915  
Signature of Attesting Officer Chas. R. Aye Capt

### †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 W. Angelo S. [unclear]  
 Apparent age 18 years — months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 33 inches  
 Range of expansion 3/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Joe [unclear] Judge  
W. Clewson | Relationship Mother

### 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>12-3-17</u>									
Joined at <u>St. Omer</u> on <u>March 12<sup>th</sup> 1914</u>									
<u>Discharged July 31 1919</u>									
<u>Embarked St. Omer train to Halifax N.S. 12-7-19</u>									
<u>Joined British France 17<sup>th</sup> transferred to det. 16<sup>th</sup> 19</u>									
<u>Left for demobilization 22-5-1919</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization St. Omer 3-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-7-1919 [date of discharge] 2 years 114 days  
 " " " Pensions " [ " " ] " " "

C.R. 3578

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. Johns July 7th, 1919

The discharge of the uncle noted on demobilization has been  
CONFIRMED by officer i/o Records with effect from 2-7-19.

3528 Pte. Lorenzo Pike.

C.R. 3528

Extract from Daily Order Part 11 Unit The Royal Field. Regt  
Depot, St. John's, June 9th, 1919

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot, with effect from ~~1919~~  
19-6-19.

3528 Pte. Lorenzo Pike.

C.R. 3528

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 7th, 1919

3528 Btel. Lorenzo Pike

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3528

Extract of Nominal Roll of Drafts B.E.F. embarked  
Southampton 10-5-17

8

#3528 Pte.L.G.Fike.

C.R. 3528

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17 .

#3528 PTE. L. E. PIKE.

C.R.

3528

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt., St. John's, March 12th, 1917.

3528 Pte. G.Geo. Pike.

Attached to Strength from March 12th, 1917.



L. Pike

C.R. 3528

~~1420~~

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

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

1. Unit and Corps: Royal Newfoundland Regt. 7. Former Trade or Occupation } Clerk
2. Regtl. No. 3528 3. Rank... plb 7a. If the soldier claims previous service in Army, he should state—
4. Name W. Pike Lorraine (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... 21.....
6. Posted for duty on 12.7.17 at... 21.7.18.....  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. nil
12. Place of origin of disability. nil
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. nil

14. State whether the disabilities are
- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
|  | (a) attributable to                 | (b) aggravated by        |
| (i.) Service during the present war .. .. .                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service .. .. .                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <input type="checkbox"/>            | <input type="checkbox"/> |

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.)*

*The Complaints of no Disability*

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

*NA*

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

*NA*

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?

*Carries treated here*

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

*NA*

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Reputation Major DADMS  
 Capt. RAMC*

Station *Hayley Down* .. .. .

*J.P. Knight*  
 Medical Officer in charge of case.

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

\* 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.



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 Lorenzo S. Pike  
aged 18 11 mos conducted at Headquarters  
Date: 12/3/17 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no.
4	no.
5	no
6	no
7	yes.
8	yes
9	no <u>no</u>
10	"
11	"
12	"
13	"
14	<u>teeth to be attended to</u>
15	"
16	"
17	"
18	"
19	<u>69 Bots</u>
20	"
21	"
22	"
23	"
24	"
25	"
26	"
27	"
28	"
29	"
30	"
31	"
32	"
33	<u>yes. when young, left arm 1 scar.</u>
34	<u>5'6</u>
35	<u>113</u>
36	<u><del>\$390 per week</del> 29 1/2 - 33</u>
37	<u>\$390 per year</u>
38	<u>Mother, Mrs George Fudge, Belleviam</u>
39	<u>no</u>

3528

Signature of Medical Examiner:

D. W. Borden

See subject no 13





Pike. S.

3528

Pay Dept

July 3, 1919

#3528 Pte. Lorenzo Piko,  
Belleram, F.B.

Dear Sir:-

Referring to your application I enclose cheque  
for Seventy dollars (\$70.00), being amount of first payment  
due you on account of the War Service Gratuity.

Yours truly

Captain,  
Paymaster & Officer in Charge Records.



573

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 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.. *Lorenzo* ..... S. Name... *Pike* .....

3. Rank... *Private* ..... Regt. No. *6528* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Bellefleur* ..... *Hortons Bay* .....

6. Date of enlistment in the Regiment... *12/3/17* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....  
... *Not applicable* .....

8. Relationship of such dependents... *Not applicable* .....

9. Address in full of such dependents... *Not applicable* .....

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.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *2 years and three months* .....

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? ... *Not applicable* .....

19. Are you now serving in the Regt.? ... *No* ... If not give:- (a) Date of discharge. *19/12/19* ... (b) Reason for discharge. *Demobilization* .....

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.

... *Yes* ... *Yes* .....

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.



July 8, 1919

#2528 Pte Lorenzo G. Pike

Belloram,

Fortune Dist.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2332.

Yours truly

Captain  
Paymaster & O.I/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3528 Rank Pfc Name Peter Longa  
 Intended place of residence Bellouan

2. Occupation Black  
 Classification of soldier F Medical Category A L

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

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S  
 Date JUN 5 1919  
 for H.H. Mansford  
 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  
JUN 5 1919  
Lepike  
 Signature of soldier  
M. B. Towster  
 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  
5-6-19  
Lepike  
 Signature of soldier  
James O. Keenan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 12-3-17 No of days on Military  
 Discharged from service 19-6-19 plus 14 days Service 844

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 19 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 Nfld.  
 Date July 3/1919  
M. Bowley Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

Ar B 2079/2332

10  
20  
30  
31  
30  
3  
114

The Royal Nfld. Regiment

DEMOBILIZATION

No. 3528 Rank

Name Pike L

Warned for demobilization on

JUN 5 1919

EMPH

# 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. 352F.....

Name Pike..... Lounge.....

Address .....

Present Medical Category... A-1.....

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

(b) Standing Medical Board.....

R.H. Lait Capt.

O.C. Discharge Depot.

Members of Board {

H. Paterson

Senior Medical Officer

J.W. Burden

M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3526 Rank. Pte. Name Pete Lounga  
 Date of Enlistment. 12-3-17 Address Buller's District Fortuna  
 Occupation cook Classification for Discharge. E Medical Category. AI  
 Recommendation S.M.B. .... Disability Rating .....

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.	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. 4-6-19

*H. M. H.*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

Particulars passed to Vocational Officer for information and action.

Date.....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
- (b) Clothing Supplied.....

Date. 5-6-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 1436*.....to his home at *Belloram* and Release Certificate No. *2303*..... issued.

Date *5-6-19*.....

*J.A. Snow Capt.*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *3-7-19*.....

Date *5-6-19*.....

*J.H. [unclear] Lt.*  
Depot Paymaster.

Discharge approved for *19-6-19*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	/	N.F. Med.....	D.F. 1.....	/
F 178.....	W 3494.....	B 122.....	/	Board 1st.....	" 2.....	/
B 178a.....	D 400A.....	B 1915.....	/	do 2nd.....	" 3.....	2 Forms
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 *5-6-19*.....

*J.A. Snow Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 19 1919*.....

*R.H. [unclear] 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

Lepike

Signature of Man.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No.

Place

St. Johns

Date

5-6-19

191

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 Artillery*
2. Regtl. No. *3578* 3. Rank. *S. to*
4. Name *Pike* *Lorenzo*  
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on *12-3-17* at *St. Johns*  
 in category (or grade).....
7. Former Trade or Occupation } *clerk*
- 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? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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? }

*See Complaint of no disability*

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

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

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

*u*  
*u*  
*Carries treated here*  
*u*

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?  
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*  
*none*  
*by order of D.O.*  
*Cap R. R. R.*

Station .. *W. G. L. Brown* ..  
 Date .. *30/1/19* ..

Medical Officer in charge of case.

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

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

# MEDICAL HISTORY

Surname Pike OF Christian Name Lorenzo

Table I.—GENERAL TABLE.

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

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12<sup>th</sup></u> day of <u>March</u> 191 <u>7</u>		on _____ day of _____ 191	
	at <u>St Johns</u>		at _____	
Declared Age	<u>18</u> years <u>11</u> <sup>mo</sup> <u>00</u> <sub>Days</sub>		_____ years _____ days	
Trade or Occupation	<u>Clerk</u>		_____	
Height	<u>5</u> feet <u>6</u> inches		_____ feet _____ inches	
Weight	<u>113</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>33</u> inches		_____ inches	
	Range of Expansion .. <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	<u>one Scar</u>		
	Number			
When Vaccinated	<u>When young</u>		_____	
Vision	R.F.—V=	<u>69</u>	R.E.—V=	_____
	L.E.—V=	<u>69</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>W.E. Provenier</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>		at _____	
	on <u>12</u> day of <u>March</u> 191 <u>7</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/1<sup>st</sup> r/ld</u>	<u>3528</u>	_____	_____
Transferred to	<u>Regt</u>		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	





## 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 *Lorenzo Pike*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3528*

Intended address *Belloran J.B.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Catherine*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. John's, 19th March, 1898*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *L. y. Pike* *St.*  
(Rank)

Station *ST. JOHN'S* Date *4-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station \_\_\_\_\_ Date \_\_\_\_\_

**Casualty Form - Active Service.**

Regiment or Corps Royal Newfld  
 Rank Pte Surname Pike Christian Name Lovroy George  
 Religion Ch of E Age on Enlistment 18 years 2 months  
 Enlisted (a) 12-3-17 Terms of Service (a) Duration Service reckons from (a) 12-3-17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....



Extended (.....) Re-engaged (.....) Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation Clerk Signature of Officer J. M. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.38, or other official documents.
Date	From whom received				
		<p>ARRIVED D I. B. D.</p> <p><i>Trav. to England for Dev. b.</i></p>	Embarked <u>10 MAY 1918</u>		
			Disembarked <u>3 MAY 1918</u>		
					<u>14/4/18</u> <u>W-0 L2 810</u> <u>MSB. 4A.</u>
					<p><i>[Signature]</i></p> <p><b>Captain for</b>  <b>Officer i/c Infantry Section No. 1</b>  <b>G.H.Q. 3rd Echelon,</b></p>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing Smith, &c.







Belleoram

March 23<sup>rd</sup> / 18

J. M. Holyday Esq.  
Capt. & Paymaster  
Infld Regiment  
St Johns.

3528

Sir.

I enclose Cheque for \$16<sup>00</sup> which I suppose is intended for my son Lorenzo G Pike allotment but you have made the same mistake in my name as you made in the first two Cheques sent me after he went overseas last year Lorenzo G. Pike is my son by my first Husband my name is now Fudge

yours truly  
Mrs Geo Fudge

I certify the above to be true in every particular - Lorenzo G. Pike brother is now Mrs George Fudge.

L. G. Pike

Noted  
W. B.



# 1ST NEWFOUNDLAND REGIMENT

P. O. BOX No 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO  
"PAYDEPT."  
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE  
ADDRESSED TO THE  
PAYMASTER

## PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND.

July 9th. 1917. 191

3528

R. G. Pike, Esq.,  
Belloram.

Dear Sir:-

I have a request at hand from Mrs George Fudge, in which she asks for the allotment payable on account of Lorenzo George Pike, in favor of Mrs George Pike, Belloram, F.B. to be made out in her name, as she claims that Lorenzo George Pike, is her son, by first husband. If you can certify same, and return to this office, you will greatly oblige.

Yours truly,

*H. Madgick*

Lieut.  
D/Paymaster.

H.M.M./J.H.

*I hereby certify that Lorenzo George Pike is a son of Mrs George Fudge by her first husband.*

*St John 24/7/17*

*R.G. Pike*  
*[Signature]*

Belleoram 2<sup>o</sup> June/77

J. M. Houley Esq.  
Deputy Paymaster  
1<sup>st</sup> Nfld Regiment  
St John's

Dear Sir:

I Enclose Identity Certificate  
and Cheque for \$18<sup>60</sup> and would ask  
you change the name from Pike to  
Fudge - Lorenzo George Pike is my son  
by my first Husband

yours truly  
Mrs Geo Fudge

July 9th.1917.

3528  
R. C. Pike, Esq.,  
Belloram.

Dear Sir:-

I have a request at hand from Mrs George Fudge, in which she asks for the allotment payable on account of Lorenzo George Pike, in favor of Mrs George Pike, Belloram, P.B. to be made out in her name, as she claims that Lorenzo George Pike, is her son, by first husband. If you can certify same, and return to this office, you will greatly oblige.

Yours truly,

Lieut.  
D/Paymaster.

H.N.M./J.B.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3528 Rank. Pte Name Pike Lorenzo  
 Date of Enlistment 12-3-17 Address Belleoram District Fortune  
 Occupation black Classification for Discharge E Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating 1  
 Passed to Demobilization Officer with following documents:—

N.F. P136	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	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	" 6	
B 179c	B 120	M 93				

Date 4-1-19for O. C. Discharge Depot. *H. Mews*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 *£12.00*

Date 5-6-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1436 to his home at B. Richardson and Release Certificate No. 2303 issued.

Date 5-6-19

J.A. Shaw Capt  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-7-19

Date 5-1-19

J.A. Shaw Capt  
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	
F 178a	D 400A	B 1915	do 2nd	" 3	Form B
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 5-6-19

J.A. Shaw Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 7 1919

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

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

Date June 21 1919

W. ...  
...

Reg. No. *3528* Rank *Pfc* Name *Pike, L.D.*

Attested ..... Address *Belleoram*

Allotment..... Allottee .....

Date of Allotment..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

*4-6-19* PASSED TO DEMOBILIZATION OFFICER

*19-6-19* DISCHARGE APPROVED ON DEMOBILISATION.