



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5276 Name Rathaniel Crane Corps CofE

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

1. What is your name? ..... 1. Rathaniel Crane
2. What is your full Address? ..... 2. Wuddle Arm  
Bay of Islands.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 17 Years 0 Months
5. What is your Trade or Calling? ..... 5. Fisher man
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, Rathaniel Crane 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.

Rathaniel Crane SIGNATURE OF RECRUIT.  
J.R. Raymond Trans Bay Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Rathaniel Crane 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....  
on this 21 day of May 1915  
Signature of Attesting Officer C. B. Adams Lieut

### †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 May 21 1915  
Place St. John's } 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

5276

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

Name William Crane

Apparent age 21 years ..... months ..... Height ..... feet ..... inches

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

Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Crane  
Middle Arm, Boffham 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 L'epot	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>21-5-18</u>									
Joined at <u>St. John's</u> on <u>21-9-18</u>									
Discharged July 18, 1919									
Embarked <u>St. John's St. Costantella to Halifax N.S.</u> 22-7-18.									
Embarked for <u>B.C.A.</u> 23-11-18. <u>Disembarked France</u> 25-11-18.									
Joined <u>Bath</u> 5-1-1919. <u>transferred from Queen</u> 22-4-19. <u>Arrived Vancouver</u> 25-7-19.									
to <u>left for demobilization</u> 22-5-19. <u>Arrived left</u> 1-6-1919									
Demobilization <u>St. John's</u> 18-7-1919									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>18-7-1919</u> (date of discharge) <u>1</u> years <u>59</u> days									
Pensions " " " " " " " " " " " "									

A Crane.

C.R. 5276

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**Medical Report on an Invalid.**

Station Hazley Down.  
 Date 1-5-19

- 1. Unit Royal Newfoundland.
- 2. Regimental No. 5276.
- 3. Rank Pte
- 4. Name Crane T.
- 5. Age last birthday 21.
- 6. Enlisted } on May 22. 1918  
} at S. J. John's
- 7. Former Trade } Fisherman.  
 or Occupation }
- 7A. If with previous service in Army, state—  
 (a) Former Unit ;  
 (b) Regimental No. ;  
 (c) Date of Discharge ;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**  
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*He employs no disability*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Rehabilitation*

*M. K. J.*  
*Mayer*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

Date *1-5-19.*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.



FORM K

No 4079



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Nathaniel Crane, Regl. No. 5246 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz.:

Allotment begins July 1/17

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4263, Father, William Crane, Middle Arm Bay of Islands, 60. Total Allotment, \$ 60.

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

Sig. [Signature] Officer Commanding Company St John's June 1/1918

(S) [Signature] (Rank) Private

Crane, H

5276

Pay sept



C.R. 5276

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

Date            June 18th 1919.

5276, Pte. N. Crane.

Reported at Headquarters    1/6/19.            ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 5276

Extract from Daily Orderw part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

~~#5266~~ #5276 Pte. Nathan Crane.

C.R. 5276

"BENNETT CHALLENGE CUP"

Received from the Dept. of Militia Bennett  
Shooting Medal for competition held at Winchester,  
1918.

Date *January 28<sup>th</sup> 1920*  
Place *St. Georges*

No.	Rank.	Name.
5276	Pte W.	<i>beane</i> <u><u>Purk Pardey</u></u>

C.R. 5276

"BENNETT CHALLENGE CUP"

Received from the Dept. of Militia Bennett  
Shooting Medal for competition held at Winchester,  
1918.

Date.....	No.	Rank.	Name.
January 20 <sup>th</sup> 1920	5276	Pte N.	Grant
St George's			<u>Pte N Pardey</u>

C.R. 5276

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5276 Pte. N. Crane.

C.R. 5276

Extract from Daily Orders part 11 from Unit The Royal  
Bfld. Regt. St. John's, dated May 22nd, 1918.

#5276 Pte. Nathaniel Crane.

Attested for General Service with the Royal Bfld.  
Regt. from 21.5.18

July 21, 1919

#5276 Pte. Nathaniel Crane,  
Bay of Islands.

Dear Sir:-

Please find enclosed Discharge Certificate #3125.

Yours truly

Captain & Paymaster.

C.R. 5276

Extract from Nominal Roll of draft No. 56, from the 2nd.,  
Battalion of the Newfoundland Regiment to the 1st., Batt.  
Newfoundland Regiment B. E. F., Embarked Southampton  
23/11/18..

#5276 Pte. N. Crane.



C.R. 5276

Extract from Daily Orders part 11 Unit The Royal Wfla.  
Regt. St. John's, July 8th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot with effect from 2-7-19.

m5276 Pte. M. Crane.

C.R. 5276

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 25/19.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from ~~25/25-18-7-19~~.

5276 Pte. Nathaniel Crane.

C.R. 5276

December 16th 1919.

5276, Ex. Pte. H. Crane,  
Middle Arm,  
Bay of Islands.

Dear Sir:-

Enclosed herewith is "Shooting Medal" awarded to you and your Squad as winners of the Bennett Challenge Cup, 1918, for the best shooting during the competition held at Winchester, July 1918. Congratulations.

Kindly sign the enclosed receipt and return to this Office, please.

Yours faithfully,

Lieut.  
CASUALTY OFFICER.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5276 Rank. Pte. Name. Crane, R.  
 Intended place of residence. Bay of Falds.  
 2. Occupation Fisherman  
 Classification of soldier. A 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 2 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 -2 1919  
 Signature of soldier: R. X. Crane  
 Signature of witness: J. H. Snowball

### 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 -2 1919  
 Signature of soldier: R. X. Crane  
 Signature of witness: J. W. Chacey

### STATEMENT OF SERVICE

7. Enlisted for service. 21-5-18 No. of days on Military  
 Discharged from service. 4-7-19 Plus 14 days Service. 424

### 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 JUL 4 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 July 18/1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

0415 2099/3123

11  
20  
18  
9

# The Royal Newfoundland Regiment

Class for Demobilization: —

*10*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No 5276

Name Cram Nathaniel Rank Pte

Address Bay of Islands

Present Medical Category A1

Recommended for: — { (a) Immediate discharge  
(b) ~~Standard Medical Board~~

Members of Board {

*RH Last Major*  
O.C. Discharge Depot.

*Robinson*  
Senior Medical Officer

*SW Borden*

~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5276 Rank Plt Name Rome T  
 Date of Enlistment 21.5.18 Address Bay of Islands District St. George's  
 Occupation Locksmith Classification for Discharge 6 Medical Category A4  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	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 30.6.19 \_\_\_\_\_  
 \_\_\_\_\_  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation  
at X-brane  
with J. W. Chancy  
 Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—  
 (a) Clothing Allowance payable \$160.00  
 (b) Clothing Supplied \_\_\_\_\_

Date 2-7-19 \_\_\_\_\_  
 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2112 to his home at Bay of Sleds and Release Certificate No. 3106 issued.

Date 2-7-19 *J. J. A. Smurbaft*  
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 15-7-19

Date 7-19 *H. M. W. St.*  
Depot Paymaster.

Discharged approved for 4-7-19  
Forwarded with following documents to O. C. Discharge Depot.

N. F. P36	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 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	
B179c	B 120	M 93.				

Date 2-7-19 *J. J. A. Smurbaft*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 4 1919 *R. H. Jant* MAJOR  
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.

*brave w.*

Signature of Man.

*J. J. Hawley*

Signature of the Vocational Officer or his Representative.

Reg. No. 5276

Place ST. JOHN'S.

Date JUL -2 1919

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

# MEDICAL HISTORY

OF

Surname

*Crane*

Christian Name

*Nathanial*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Middey Brd*

County

*Nfld*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>21</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age	<i>20</i> years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>74</i> inches	feet	inches	
Weight	<i>135</i> lbs.	lbs.	lbs.	
Chest Measurement	Girth when fully expanded	<i>36</i> inches	inches	
	Range of Expansion	<i>3</i> inches	inches	

Physical Development	Right	Left	Right	Left
	/		/	

Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R E—V	<i>6/9</i>	R E.—V=	
	L E.—V=	<i>6/9</i>	L E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Sam Hateman*

(Rank)

Medical Officer. Medical Officer.

Enlisted at *St Johns* on *21* day of *May* 191*8*

Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>The Royal</i>	<i>N 276</i>		
	<i>Nfld Regt</i>			

Became non-effective by

(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

*Nathaniel Crane*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*4276*

Intended address

*Bay of Islands*

Height on discharge

*5*

*Feet*

*10*

Color of hair on discharge

*Black*

Complexion

*Fair*

Color of eyes

*Brown*

Descriptive Marks

—

Figure on discharge

*4all*

Christian name of Father

*Wm*

Christian name of Mother

*Sarah*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Bay Flowers Cove, 27<sup>th</sup> June, 1896*

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)

*Nathaniel Crane*

*Plt*  
(Rank)

Station

*St John's E Sheely*  
Date *30.6.19*

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.

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

Station

Date

## Medical Report on an Invalid.

Station Hazleby, D. CampDate 1 2. 19:

1. Unit Royal Newfled
2. Regimental No. 5276
3. Rank Pte
4. Name Erane N.
5. Age last birthday 21
6. Enlisted { on May 22 1915  
at St John
7. Former Trade or Occupation } Fisherman
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

### 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

*nil*

#### Statement of Case.

*Note.*—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). *nil*

(b) constitutional or hereditary, and not aggravated by service during the present war. *nil*

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*He complains of no disability*

14. If the disability is an injury, was it caused—

*na*

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

*na*

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

*na*

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

*Repatriation*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Major J. J. [unclear]*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. D. Camp*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1. 5. 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.

† Delete this word if no exceptions are to be made.

## Casualty Form - Active Service.

Regiment or Corps P. Newfoundland

Rank Pte Surname Crane Christian Name N

Religion C of E Age on Enlistment 21 years — months

Enlisted (a) 21/5/18 Terms of Service (a) Duration Service reckons from (a) 21/5/18

Date of promotion to present rank — Date of appointment to lance rank —

Extended ( ) Re-engaged ( ) Qualification (b) —

Occupation Fisherman or Corps Trade and Rate 771039 Capt Signature of Officer —

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, 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.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		18/5/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp; Co

(17091.) Wt. W 1887-P 1134, 1,000,000. 8/18. D &amp; S. Form B/103, (E, 1200)

P.T.O.

Next of Kin: Father: Crane William: Middle Arm: B of Islands: N. J. D.

July 23. 1919

#5276 Pte. Nathaniel Crane,  
Bay of Islands.

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.



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/O RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Nathaniel* 2. Surname *Crane*  
3. Rank... *Private* 4. Regtl. No. *5276*  
5. Address in full to which future payments of gratuity are to be forwarded... *William Crane*  
*Bay of Islands*  
6. Date of enlistment in the Regiment... *May 22nd 1918*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...  
*William Crane*  
8. Relationship of such dependents... *Father*  
9. Address in full of such dependents... *William Crane*  
*Middle Arm Bay of Islands*  
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 Hfld. If so, give dates and particulars of such service... *France from 26th Nov*  
*1918 and Germany from April 18/18*  
*to June 18/18*  
12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *Two Years*  
*in France and Germany*

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

..... *only once* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuities? 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?.....

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

*July 2nd*..... *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....

*France from April 24th 1918*  
*Gumny from April 18/18 to Jan 1918*

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.

Signature of Applicant:

*Nathaniel Crane*  
*his*  
*mark*

Place of Residence:

*Bay of Islands*  
*A. J. Wms*

Declared before me at:

This *2<sup>nd</sup>* day of *July* 19*19*....

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


*Wm James D.*

POST DISCHARGE PAY.

Date paid	Kind	Paid	War Service	Not amount
	Soldier.	Dependent.	Gratuity.	due
.....				
.....				
.....				
Certified correct.			Paymaster	



October 23, 1919



Pte. H. Crane,  
Bay of Islands.

Dear Sir:

I enclose cheque for  
\$65.49, being final payment of War Service  
Gratuity.

Yours truly,

Major  
Paymaster.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

65<sup>49</sup>

Oct 25/19

Received from the First Newfoundland Regiment  
the sum of Sixty five <sup>49</sup> Dollars.  
~~on account~~ of Pay. W. L. G.  
balance



Ch. No. 16193	Initials. F. W.
Pay Ledger. 466	Initials. W. L. G.
Gen. Ledger.....	Initials.....

Regtl. No. Rank

No. 5276

Rank

Pl

Name

W Crane

---

Bay of Island

ST. JOHN'S, JUL 2-1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pt A Crane

Billeting Soldiers as undermentioned

from June 1 /19 to June 28 /19

5276 Pt A Crane 28 80

Btm	
ACCOUNT	
CH. NO	2037 - Ev
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 28.80

J. A. Snowball  
Billeting Officer.  
N. Crane  
mark with Ev

Letters



Receipt for Army Book 64

No. .... 5276 ..... Name .. *Crane* .....

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

Date .. *Aug. 28<sup>th</sup>* .. 1920

Place .. *Penguin* .. arm .....

Name .. *Pat Crane* .....

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



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5276 Rank Alt Name Robert T.  
 Date of Enlistment 21.5.19 Address Bay of St. John's District St. John's  
 Occupation Leatherman Classification for Discharge ..... Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	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 30.6.19 O. C. Discharge Depot. St. John's

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Demobilization Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable 200.00
- (b) Clothing Supplied McClintock

Date 2-17-19 O i/c. Re-clothing

15276

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5276 Rank Plt Name Keene T.  
 Date of Enlistment 21.5.19 Address Bay of Sables District St. John's  
 Occupation Fisherman Classification for Discharge ..... Medical Category 1  
 Recommendation S. M. B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. 1 <sup>st</sup> 36	B 288	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 108	ME 2		" 6
B 179c	B 120	M 93		

Date 30.6.19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

APPROVED  
 [Signature]  
 with following

Particulars passed to Vol. Control Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £100.00
- (b) Clothing Supplied [Signature]

Date 2-17-19 O/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R 2112* to his home at *Bennyfields* and Release Certificate No. *3106* issued.

Date *2-7-19* *J.A. Crawford*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *15-7-19*

Date *2-7-19* *J.A. Crawford*  
Depot Paymaster.

Discharge approved for *4-7-19*  
Forwarded with following documents to O.C. Discharge Depot

N.F. P36	S 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 <00B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*Form B*  
*P12 382*

Date *2-7-19* *J.A. Crawford*  
O.C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date *JUL 4 1919* *R.H. [Signature]*  
O. C. Discharge Depot.

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

Date *July 18 1919* *[Signature]*

Reg. No. 5276 Rank Pte Name Cram, Nathaniel  
Attested ..... Address Middle. Am. Bof. S.  
Allotment... .. Allot<sup>n</sup> .....  
Date of Allotment ..... start<sup>n</sup> from Overseas 29-5-19  
Returned on D.S. 1/1 Cause Deser.

2 7 19

PASSED TO DEMOBILIZATION OFFICER

4 7 19