



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5193 Name Harry Flander Corps C/F B

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>Harry Flander</u> |
| 2. What is your full Address? | 2. <u>8 English St. West #18</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Clerk</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, Harry Flander 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.

Harry Flander SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harry Flander 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 29/5/15 on this 29 day of May 1915.

Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.

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

If enlisted by special authority, such will be attached to the original attestation.

Date May 20 1915
 Place [Signature] } 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

5-19-3.

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

Name Harry Fiander
 Apparent age 20 years months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 6 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Fiander
6 night St West 718 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>20-5-18</u>									
Joined at <u>St. John's</u> on <u>May 20-1918</u>									
<u>Discharged August 6-1919</u>									
<u>Embarked St. John's S.S. Columbia to Halifax N.S. 22-7-18</u>									
<u>to disembark for demobilization 24-6-19</u>									
<u>Arrived to disembark 1-7-1919</u>									
<u>Demobilization St. John's 6-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-1919</u> [date of discharge] <u>1</u> years <u>79</u> days									
Pensions									

C.R. 5193

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

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from 6-8-19.

5193 Pte. H. Fiander.

C.R. 5193

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 23-7-19.

5193 Pte. H. Fiander.

C.R. 5193

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5193 Pte. H. Flander.

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

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

C.R. 5193

Extract from Daily Orders 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.

#5193 Pte Harry Fiander.

C.R. 5193

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 21st, 1918

#5193 Pte. H. Flander

Attested for General Service with the Royal Nfld. Regt.
from 20.5.18 to report 24.5.18

H. Kander

C.R. 5193

[Handwritten signature]

FORM K

Nº 4072A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harry Miander, Regl. No. 5193
 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 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4256	Father	William A. Miander	English Harbour Fortune Bay	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.) H. G. James 2/18

Officer Commanding W Company

Sgt John

June 12 1918

(Sig.) Harry Miander

(Rank) Private

SIGNALLER'S RECORD SHEET.

Rgtl. No. 5193 Rank Pte Name & Initial Fiander. A.
 Unit Royal Newfoundland Regt

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
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26						
27						
28						
29						
30						

Qualified in all Standard Tests
 G. Whitty Capt.

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	100%	98%	99%	99%	%	
Reading ...	99%	98%	98%	100%	%	

* R.A. Signallers only

Classified as 1st Class Signaller at Hazley Down Camp
 Date 9/12/18 Signature of Classifying Officer G. Whitty Capt.
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses _____

Other qualifications _____

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> .
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and <i>vice versa</i> .
11.	Take a bearing with a compass and measure it on a map with protractor.

SIGNAL TRAINING. STANDARD TESTS.

1.	Accept a message including counting and filling in preamble.
2.	Fill in Sent Column on message form.
3.	Fill in Signal Register.
4.	Fill in Received Column on message form.
5.	Send and receive a verbal message on the telephone.
6.	Call up with (a) flag, known and unknown station. (b) buzzer. (c) ringing 'phone.
7.	Put through a call on a 4 plus 3 switch unit.
8.	VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9.	" " " " caller. " " "
10.	" " " " writer. " " "
11.	" " " " answerer. " " "
12.	" " " " answer-reader. " " "
13.	" " " " sender. " " "
14.	LUCAS LAMP. Set up and align.
15.	" " Replace cells.
16.	" " Connect up cells.
17.	" " Trace the electric circuit with a view to locating a fault.
18.	" " Change a bulb.
19.	" " Change nightshades.
20.	" " Test flexible cord.
21.	TELESCOPE. Set up on stand and align.
22.	" " Focus on a blue flag unreadable to the unaided eye and read a message.
23.	HELIOGRAPH. Set up and align with vane.
24.	" " Change to duplex and align.
25.	" " Regulate the beat.

ELECTRICAL INSTRUMENTS TESTS.

CELLS.	MISCELLANEOUS.
1. Render active.	14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.
2. Connect in series and parallel.	15. 4 plus 3 Buzzer Unit. Connect up.
TELEPHONE D. III.	
3. Connect and insert cells and cell connections.	
4. Test instrument.	
5. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressel switch contact.	
(d) Receiver discs and washers.	
(e) Microphone capsule.	
6. Connect up earth return, metallic return, and use of condenser terminal.	
FULLERPHONE.	
7. Connect and insert cells and cell connections.	
8. Test instrument.	
9. Localise and remedy the following faults:—	
(a) Adjust No. 1 or (A) contact of armature.	
(b) Adjust No. 2 or (B) contact of armature.	
(c) Dirty contacts.	
VIBRATOR, R.A.	
*10. Connect up hand set and cell connections.	
*11. Test instrument.	
*12. Localise and remedy the following faults:—	
(a) Adjustment of buzzer.	
(b) Dirty key contact.	
(c) Dirty Pressel switch contact.	
(d) Receiver disc and washers.	
(e) Microphone capsule.	
13. Connect up earth and metallic return.	
	LINEMAN'S DUTIES.
	16. Identify lines by labels.
	17. Draw and explain a simple circuit diagram.
	18. Draw and explain a simple route diagram.
	19. Make a reef knot, barrel hitch and clove hitch.
	20. Joint and insulate (a) D. II. } Single or (b) D. III. } Twisted. (c) D. V. } (d) D. twin Mk. III.
	21. Make simple joint in enamelled wire or single airline.
	22. Lay cable (a) in open country. (b) in trenches.
	23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.
	24. Test with Q, and I. detector— (a) cells; (b) a circuit, for disconnection earth and contact; (c) In order to pick up wires in a rope.

* R.A. only.

This space to be pasted in A.B. 64.

No. 19345/2171

*065579
1/11/79
TR*



NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

26th November 1918

Nov. 28th 1918

Subject: 5193, Pte. H. Flander *B*

With reference to the following telegram (10146) from the Hon. Minister of Militia, received

Pay to 5193-Flander £6:0:0

Draft £ 6:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]
LIEUT. COLONEL.
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Bn
Royal Newfoundland Regiment

Received the sum of Six
pounds on account of
cable remittance from Newfoundland.

H. Flander
No. 5193 Rank Pte.
W P. Power. P 6

No. 5710/828

N.F.F./79.

From: NEWFOUNDLAND



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

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

20th April 1919

April 24th 1919

5193 Pte H. Fiander

With reference to the following telegram from the Minister of Militia / / (128)

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
OFFICER COMMANDING 2ND BATT. RYAL NEWFOUNDLAND REGT.

"Pay to- 5193 Pte H. Fiander
£3. 0. 0.

Received the sum of Three pounds
in respect of

Cheque £3. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

telegraphic remittance from the Minister of Militia.

[Signature]
Chief Paymaster & O. i/c Records.

H. Fiander
No. 5193 Rank Private
Witness B. Shaw

Kaude, A

5193

Ag rept.

August 5th 1919.

#5199, Pte.H.Flander,
English Hr. T B.

Dear Sir:

Enclosed please find Discharge Certificate
F 3426.

Yours truly,

Capt. O.i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5-193 Rank. Pte Name Transter H.
 Intended place of residence England H.
 2. Occupation Clerk
 Classification of soldier E 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 9 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 9 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 9 - 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No. of days on Military
 Discharged from service 23-7-19 Plus 14 days Service 444

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 23 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 6/1919
 Officer in Charge
 The Royal Newfoundland Regiment

Handwritten notes at bottom of page:
 11
 30
 31
 6
 78
 2079/3426

The Royal Newfoundland Regiment

Class for Demobilization:

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5193*

Name *Lander Harry*

Address *English St. F. B.*

Present Medical Category *A7*

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

Members of Board {

R.H. Lant Major
O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5793 Rank MC Name James H. Frander
 Date of Enlistment 20.5.18 Address English St. District St. John's
 Occupation clerk Classification for Discharge 2 Medical Category A-I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Harry Frander

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2864 to his home at English Hill and Release Certificate No. 3360 issued.

Date 9-7-19 J.A. Newcomb
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 6-8-19

Date 9-7-19 H. Mrs. H
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 9-7-19 J.A. Newcomb
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919 H.R. Coofee Capt
for 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.

Harry Gander

Signature of Man.

Reg. No. 5193

J. J. Knowlton

Signature of the Vocational Officer or his Representative.

Place

at Johns

Date

9-7-19.

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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 Piander Christian Name Marry

Table I.—GENERAL TABLE.

Birthplace:—Parish English West B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	20	May		1918
at	St Johns			
Declared Age	20	years		
Trade or Occupation	Clerk			
Height	5	feet	7	inches
Weight		160		lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		6	inches

Physical Development	Right	Left	Right	Left
	Vaccination Marks	1 sea.		

When Vaccinated	6 yrs ago			
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lambert Paterson
 (Rank) Major Medical Officer.

Enlisted at St Johns on 20 day of May 1918

Corps	Regtl. No.	Corps	Regtl. No.
<u>The Royal</u>	<u>193</u>		
<u>Nfld Regt</u>			

Became non-effective by on day of 191 on day of 191

(Signature) (Rank)

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

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

1. Unit and Corps. *Royal Newfoundland Land* 7. Former Trade or Occupation } *clerk*
2. Regtl. No. *6793* 3. Rank. *Pk* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Franks* *Harry* (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (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 ✓
- (ii.) Previous active service ✓
- (iii.) Climate in pre-war service ✓
- (iv.) Ordinary military service before the war ✓
- (v.) Serious negligence or misconduct on the } man's part. } ✓
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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.)

to explain of no disability

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—
 (a) Discharge as permanently unfit ?
 (b) Change to United Kingdom ?

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

Repatriation

W.E. Proemier . *Capt. Reme*
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *2/4/19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Henry Flander*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5193*

Intended address *Englsh. Hr. 7 B*

Height on discharge *8* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Annie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Englsh Hr. 3rd Sept. 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) *Harry Flander,* *P6*
(Rank)

Station **ST. JOHN'S** Date *8-1-19*

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



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

Station _____ Date _____

August 15, 1919

Mr. Harry Piander,
English Harbor, West,
FORTUNE BAY.

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/C

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

1. Christian name..... *Harry* 2. Surname..... *Frander*
3. Rank..... *Private* 4. Regtl. No..... *5193*
5. Address in full to which future payments of gratuity are to be forwarded..... *Yonglish Harbour West: Fortune Bay*
6. Date of enlistment in the Regiment..... *May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *see none*
8. Relationship of such dependents..... *—*
9. Address in full of such dependents..... *—*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *—*
11. Were you on active service only in field, if so, give dates and particulars of such service..... *only in Inf. Reg.*
12. Give total length of time which you served on active service, whether in field or Overseas..... *13 months*
- *13*

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

..... *only one*

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.

..... *received none*

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..... *none*

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?..... *no*

19. Are you now serving in the Regt.?..... *no* If not give:- (a) Date of discharge. *9 July 1919* .. (b) Reason for discharge. *Demobilised*

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

..... *no*

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

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

Signature of Applicant: *Harry Linder*
 Place of Residence: *English Harbour West Fortune Bay*
 Declared before me at: *St Johns*
 This *10th* 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 W

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
Certified correct.				Raymaster

No 4072



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Harry Miander, Regl. No. 5193 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins July 1/18

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4256, Father, William A. Miander, English Harbour, Fortune Bay, 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 17 1918.

(Sig.) Harry Miander (Rank) Private

M.

5193 Frauder

Please make first pay.

W. S. G.

14/7/19

F. C. J. L. F. A.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

July 14 19 19

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W. S. G.
~~balance~~

H. Gardner

Ch. No. 2969	Initials. EW
Pay Ledger 182	Initials. W
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

[Signature]

No. 5193

Rank Pt

Name

Travis H

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 12

Forms
B 121.
39.

Regiment of Royal Newfoundland

Signature of O. C. Company C. P. De Lisle

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Frauder, Harry</u>	Age on	20 years months	<u>Clerk.</u>	
Joined		Date	Place and Date of Enlistment } <u>St. John's</u> <u>20.5.18</u>	Religion	
Joined		Date		<u>C. P. E.</u>	
Joined		Date	Period of } with Colours } <u>19</u> years. with Reserve } <u>36 1/2</u> years.	Place of Birth	
Joined		Date		<u>English H. Wood. T.B.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's</u>		<u>6 8/9</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5193 Rank MC Name James H
 Date of Enlistment 20.5.18 Address English St District St. John's
 Occupation MC Classification for Discharge 6 Medical Category A-I
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 124	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 8.7.19 O. C. Discharge Depot James H

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Harry Sanders

Particulars passed to Vocational Officer for information and action.

Date _____

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £6.00
 (b) Clothing Supplied _____

Date 9-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ⁸⁸⁶⁴ 3360 to his home at English Hill and Release Certificate No. 3360 issued.

Date 9-7-19 J.A. Snowcraft
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 1-1-19

Date 9-7-19 J.A. Snowcraft
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date 9-7-19 J.A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 23 1919 J.R. Cooper Capt
for O. C. Discharge Depot.

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

Date July 21/19

Reg. No. 5193 Rank 76 Name Fiander H.
Attested Address English H.
Allotment Allottee
Date of Allotment Returned from Overseas JUL 1 1919
Returned on S.S. Lessandra Cause Discharge

9.4.19
20.7.19
~~PASSED TO DEMOBILIZATION OFFICER~~
DISCHARGE APPROVED ON DEMOBILISATION.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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* } *Clerk*
 7. Former Trade or Occupation }
 2. Regtl. No. *5193* 3. Rank..... }
 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Frauder* } (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday. *22*
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service (b) Date of Discharge ;
 (c) on duty (d) off duty? (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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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 complainant of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

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

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

Repatriation

W. E. Procunier - Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazley Barr.*

Date *2/1/19*

* 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