



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5983 Name Lewis Ford Corps Meth

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Lewis Ford
- 2. What is your full Address? 2. Board Gales, Logodict
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 27 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 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, Lewis Ford 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.

Lewis Ford SIGNATURE OF RECRUIT.
10-8-18 Oliver P. Mouton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 10th day of August 1918.
Signature of Attesting Officer M. Dicko, 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 12-8 1918
Place St. John's } Approving Officer. J. Kinn

† 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

5983

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

Name Lewis Ford
 Apparent age 22 years months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Ford
Band 10th Togo Det Relationship Father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>10-8-18</u>									
Joined at <u>M. P. Co's</u> on <u>August 10-1918</u>									
<u>Discharged</u>					<u>August</u>	<u>7/11</u>	<u>1919</u>		
<u>Embarked M. P. Co's train to Halifax N.S.</u>					<u>22-9-18</u>				
<u>To Newfoundland for demobilization</u>					<u>31-6-19</u>				
<u>Arrived Newfoundland 1-7-19</u>									
<u>Demobilization M. P. Co's</u>					<u>7-8</u>	<u>1919</u>			
Total Service forfeited as above.....									

Total Service towards Engagement to 7-8-1919 (date of discharge) years 363 days
 " " Pensions " [" "] " " "

Reg. No. 5983 Rank. Pte Name Ford Louis
Attested 10-8-18 Address Banded Island
Allotment 60 Allottee Mother (Mrs Job Ford)
Date of Allotment 1-10-18 Returned from Overseas
Embarked for Overseas SEP 24 1918 Cause

Vacc 15-5-18. 1st inoc 9-9-18. 2nd inoc 14-9-18

4. leave 25-8-18 to 4-9-18. Reto 8-9-18.

8-9-18 Absent without leave forfeits 4 days pay

C.R. 5983

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

#5983 Pte. Louis Ford.

Attested for General Service with the Royal HliA.
Regt. from ¹⁰ 8-18

C.R. 5983

Extract from Nominal Roll Entrained St. John's for Overseas,
Sept. 22, 1918. "F"

5983 Pte. Ford Louis.

C.R. 5983

Extract from Casualties received from Pay & Record
Office, London, Nov. 22nd, 1918.

The undermentioned was transferred from Military Hosp.
Devonport, to Derriford Camp, Plymouth, on 18-11-18.

5983 Pte. L. Ford.

C.R. 5983

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's., dated August 26th, 1918.

5983 Pte. L. Ford.

Granted leave from 25-8-18 to 4-9-18.

C.R. 5983

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from ~~24-7-19~~

24-7-19.

5983 Pte. L.Ford.

C.R. 5983

Extract from Terminal Roll of Sick and Wounded admitted to Military
Hospital, Devonport, 11/10/18. (Re-inforcements from Nfld.)

Dated October 16th. 1918.

5983 Pte. L. Ford

R. Nfld. Regt..... Influenza severe.

CR 5983

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address **Dept of Militia.**

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

Dated

Oct. 14th 1918

To

John Ford, Barred Islands, Fogo

Regret to inform you that Record Office, London,
officially reports **No. 5985, Private Lewis Ford**
at Military Hospital Devonport dangerously ill suffering from
influenza Oct. 12th

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

Charge to Dept **FOR THE WRITER**

C.R. 5983

Extract of Casualties received from the Pay & Record
Office, London, dated Dec. 30th 1919.

The undermentioned was discharged from Military
Convalescent Hospital Plymouth 18/12/18

5983 Pte. L. Ford.

C.R. 5983

Extract from Daily Orders Part III Unit The Royal Field Artillery
St. John's, July 31st 1919.

5983 Pte. L.Ford.

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

C.R.5983.

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, Aug. 16th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 7-8-19.

5983 Pte. Lewis Ford.

C.R. 5983

Extract from Daily Orders Part II Lt. Col. H.J. Barton,
D.S.O. Commanding 8th Batta. Royal WFLD. Regt. 10-12-18.

The following having reported back from Hospital
is taken on the strength and posted to "G" Company.
from 19-12-18.

5983 Pte. L. Ford.

H Ford

C.R. 5983

Sept

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

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

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5983* 3. Rank... *Pt. E* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Combsen* *George E* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *28*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaints of 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. Proemin *Cap*
RAME

Medical Officer in charge of case.

Station *Hazeley Down*

Date *9/14/19*

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

19097/4

cheque no 11099

Military
Devonport.

22nd November 8

5983 Pte

H. Ford

2:0:0



P2M(PB)15118

PAY OFFICE,

OVERSEAS MILITARY FORCES OF CANADA,

7, MILLBANK,

LONDON, S.W.1.

15th November, 1918.

Regimental Paymaster,
Pay Office,
Newfoundland Regt.,
LONDON.

5983, FORD, H.

The attached letter from
the marginally noted soldier is passed to you,
please, as it has evidently been sent to me in
error.

W 9864
Wainwright
Lieut.,
for Brigadier-General,
Paymaster General, O. M. F. C.

ATTD. 1



ARMY AND NAVY
 YOUNG MEN'S CHRISTIAN ASSOCIATION
 "WITH THE COLORS"



Nov 9th 1918

No 5983
 Hill, ford.
 S. J. Ward.
 No 2. Section.
 Military Hospital.
 Devonport.

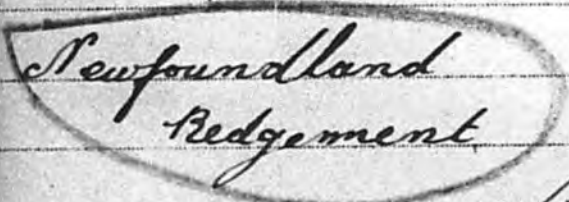
Sir

I am writing to ask you if you will kindly forward me on 10 Dollars as I have not had any since I been here on that's a month an I am greatly in need of it will you kindly send this on as soon as possible please

J.H. #2
 19/11/18 B.P.

Yours Truly

NEWFOUNDLAND CONTINENT,
 PAY & MESSAGE OFFICE,
 R.F. Box 9864 Hill, ford.
 Local 16 NOV 1918
 TEL. BOX 1001
 TEL. BOX 1002



W.H. Steele
 call name 1909714

[Signature]
 P.S.

TO THE WRITER: SAVE BY WRITING ON BOTH SIDES OF THE PAPER

TO THE FOLKS AT HOME: SAVE FOOD: BUY LIBERTY BONDS AND WAR SAVINGS STAMPS



The M. O.

The Military Hospital
Devonport.

Will you kindly endorse
the attached cheque, which
is payable to your order, and
return it to me.

H. B. Stuart

LT. & ASST. ADJUTANT,
MIL. CON. HOSP.,
DERRIFORD SECTION

Derriford

28 XI 18

or

Military Con. H.
Derriford Sect.

Cheque endorsed &
returned.

Wm. H. W. W.

CHIEF CLERK MILITARY HOSPITAL



Reference attached
Herewith receipt for
Cheque.



James M. G. Smith
Lieut
O.C. 1st Division

A stylized handwritten signature in black ink, appearing to be "James M. G. Smith".

(Station)

Doriford M.C. A.P.H.

(Date)

3/12/18 1918

RECEIVED of*

C. L. K. Devison

~~the sum of~~

Cheque No 11099 for Two pounds
Westminster Bank.

in respect of

Advance of pay.

£2 : 0 : 0

5983.

Leisford

* Insert the designation of the Officer making the payment.

Newfoundland Regt.

~~over~~ *ant a dt*
described

Please see preceding minute; *7* for compliance

G. W. H. H.

The Hutments,
Crownhill. 27
71
78

CAPT. & ADJ.
MAYOR, H. P.
Lieut. COL. I. H. S.
Cmde. Military Convalescent Hospital,
Southern Command.

5/6
Crownhill Con. Camp.
Plymouth.
5983 St. Ford St.

This man was transferred
to your hospital. Kindly pay
hand attached cheque to him.
& forward receipt direct to S.B.
Victoria St. London. please,

W. W. W. W.
Major
for **W. W. W.**



No. 19097/4

NEWFOUNDLAND CONTINGENT

N.F.P/48.

To: Officer Commanding,
Military Hospital,
Devonport.

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,
22nd November 1918

With reference to request of (No) 5983 (Rank) Pte
(Name) H. Ford Cheque No. 11099. for
£ 2:0:0 is enclosed for payment to this Soldier as may
be deemed fit.
Kindly complete receipt form on back of cheque before
presenting at a Bank.

A. A. Guinness Maj.
Chief Paymaster & O. i/c Records.

Ford, Lewis

5983

Ray Dept

August 7th 1919.

#5983, Pte. Lewis Ford,
Barr'd Islds. Pogo.

Dear Sir:

Enclosed please find Discharge Certificate
3572.

Yours truly,

Capt &
Officer i/c records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5983 Rank PLC Name Tora Lewis
 Intended place of residence Ban' & Mrs Fops

2. Occupation Fisherwoman
 Classification of soldier E Medical Category A 1

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 10 1919

Mrs. [Signature]
 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 10 1919

T. Ford
 Signature of soldier
[Signature]
 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 10 1919

Tora Ford
 Signature of soldier
James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-8-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 363

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, 14 days from date.

Place, ST. JOHN'S

Date JUL 24 1919

D.R. Cooper 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

Date August 7/1919

[Signature]
 Officer in Records
 The Royal Newfoundland Regiment

AWB 209912592

The Royal Newfoundland Regiment

Class for Demobilization: *R.C.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *5.7.19*

Regimental No. *5983*

Name *Ford* *Lundie*

Address *Bona Island*

Present Medical Category *A.I.*

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

Members of Board {

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

P. Polson
Senior Medical Officer

J.W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. 5983 Rank pte Name Leone Lewis
 Date of Enlistment 10-8-18 Address Barrie Sts District St. John's
 Occupation Fisherman Classification for Discharge 1/4 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 5-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Leone Lewis

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) ~~Clothing~~ Supplied

Leone Lewis

Date 10-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2355 to his home at Bardonia and Release Certificate No. 3405 issued.

Date 10-7-19

J.A. Newbott
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

Date 10-7-19

J.A. Newbott
Depot Paymaster.

Discharged approved for 24-7-19.

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	<i>Form B</i>
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	<u>181-1</u>	" 6	
B179c	B 120	M 93			

Date 11-7-19

J.A. Newbott
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

- with following additional documents

Eligible for War Service Gratuity

Date JUL 24 1919

L. R. Cooper 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:

S. Ford

Signature of Man.

Reg. No. 5983

J. A. Shawcraft

Signature of the Vocational Officer or his Representative.

Place

At - Johns

Date

10-7-19

191

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

MEDICAL HISTORY

OF

Surname

Ford

Christian Name

Lewis

Table I.—GENERAL TABLE

Place of Birth:—Parish *Bard Islds* County *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>10th</i>	<i>August</i>		<i>1918</i>
	at <i>St Johns</i>		at	
Declared Age	<i>22</i>	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i>	feet <i>4 1/2</i>		inches
Weight	<i>126</i>	lbs.		lls.
Chest Measurement	Girth when fully expanded	<i>34 1/2</i>		inches
	Range of Expansion	<i>3 1/2</i>		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lambertson</i>			
(Rank)	Medical Officer		Medical Officer	
Enlisted	at <i>St Johns</i>	on <i>10th</i>	at	day of <i>August</i>
		on <i>1918</i>		191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal</i>	<i>5983</i>		
Transferred to	<i>Royal Newfoundland Regiment</i>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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 *Lewis Ford*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5983*

Intended address *Barr's Island*

Height on discharge *5 Feet 4"*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *short*

Christian name of Father *Joseph*

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 *Barr's Island 1896 April 24th*

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) *Lewis Ford*

(Rank) *Pte.*

Station **ST. JOHN'S.**

Date *5.7.19*

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



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

Station

Date

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*
2. Regtl. No. *5983* 3. Rank *plc*
4. Name *Jord Lewis*
(Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on *Aug/18* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Wheelerman*
- 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 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."

nil

11. Date of origin of disability.
12. Place of origin of disability.
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. *Contracted influenza in October/18 was in military hospital at ... and discharged to duty through ... Convalescent hospital cured. Since joining depot he has been on light duty. & Lewis.*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>No</i> | |
| (ii.) Previous active service.. .. . | <i>No</i> | |
| (iii.) Climate in pre-war service | <i>No</i> | |
| (iv.) Ordinary military service before the war | <i>No</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | |

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.)

nothing abnormal in heart or lungs

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. Penner *Capt RSM*

Medical Officer in charge of case.

Station *Mazeley Down*

Date *13/4/19*

* 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.

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
MILITARY HOSPITAL, DEVONPORT.	18	11	18	18	11	18	Influenza	39	Influenza complicated with purulent bronchitis & oedema of larynx 18.10.18 Much improved 9.11.18 discharges clear, larynx better 18.11.18 In transfer to Milit Convales. Hospital	W.H. Steele Capt R.N.
<i>Derriford Mil near F.P. Plymouth</i>	18	11	18	19	12	18	— (21)	32	<i>Lo Duty</i>	<i>W. David Capt R.N.C.</i>

CLINICAL CHART.

Army Form B. 181

(To be attached to Case Sheet.)

Military Hospital _____

Corps _____

No. _____

Rank and Name Plt Ford

Age _____

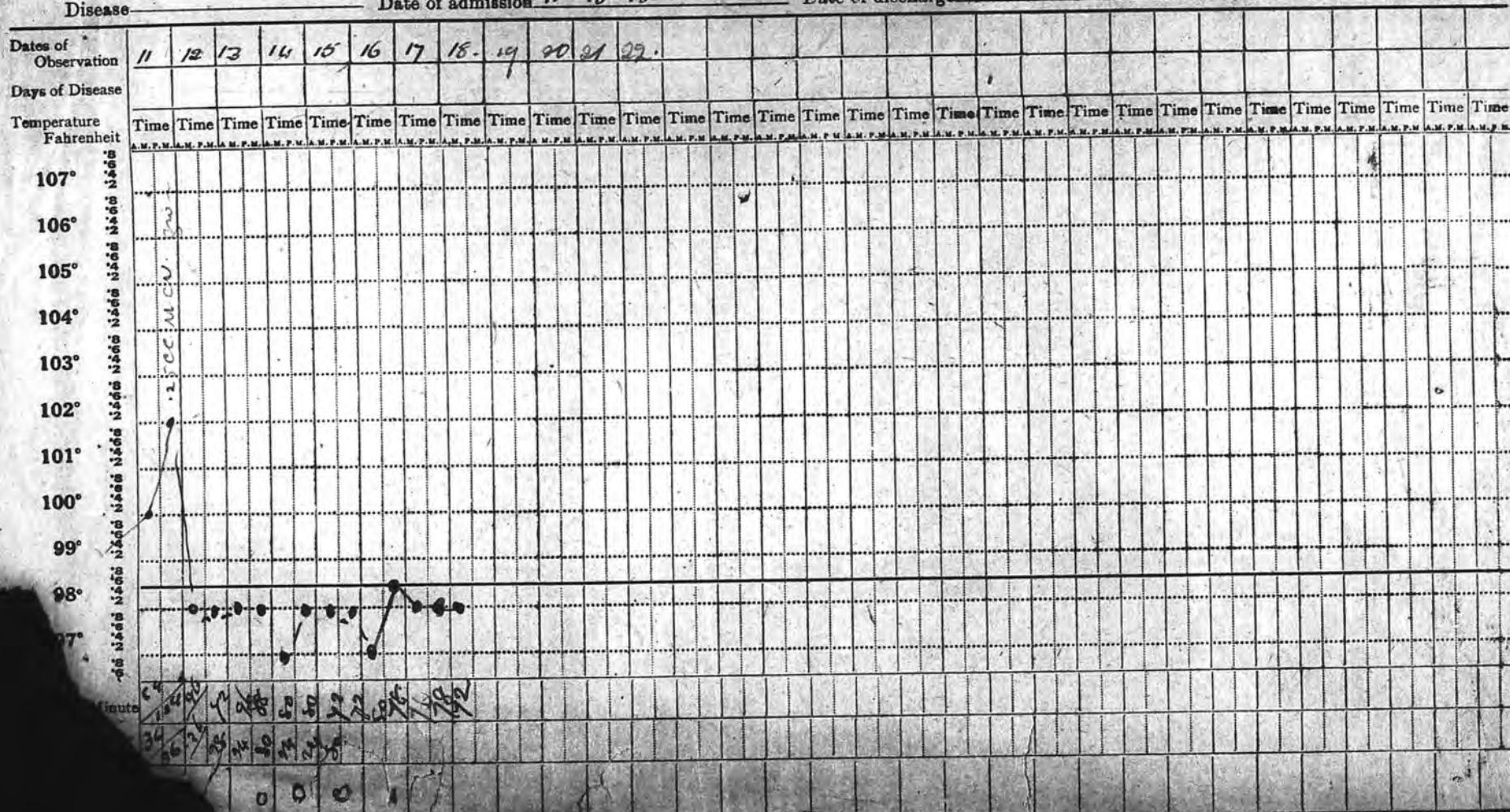
Service _____

Disease _____

Date of admission 11-10-15

Date of discharge _____

Result _____



Signature _____

In charge of case. _____

August 15, 1919

Mr. Lewis Ford,
Barr'd Islands,
FOGO DIST.

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 26th. 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..... *R* 2. Surname..... *Jones*
3. Rank..... *A/Ce* 4. Regtl. No..... *5983*
5. Address in full to which future payments of gratuity are to be forwarded..... *Barris Island, ~~St. John's~~ N. A. B.*
6. Date of enlistment in the Regiment..... *August 20/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *no*
8. Relationship of such dependents..... */*
9. Address in full of such dependents..... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Eleven months*
- *1 1/2*

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?..... no

19. Are you now serving in the Regt.?..... no If not give:- (a) Date of discharge... July 24/19 (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....

..... England

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.....

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: - *L. Ford*
 Place of Residence: *Borris Inlands, N. A. B.*
 Declared before me at: *St. John's*
 This *10* 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.

John McCarthy
J.P.

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

Sept. 7th, 1918

ROYAL NEWFOUNDLAND REGIMENT

To 5983 Pte. Louis Ford

To Board & Lodging while proceeding on

Home Leave - -

\$1.80

W.F.D.

ACCOUNT	134m.
CH. NO.	295
INITIALS	EW
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

As per B/P attached

Louis Ford *W.F.D.* Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

SEP 21 1918

Prices consistent with quality are the best. A satisfied customer is our first consideration.

R. W. MANUEL, Proprietor
Mrs. R. W. MANUEL, Proprietress

Lewisporte, Sept. 7th - 1918
Newfoundland

No 5983

~~24~~ Rte. Louis Road

Dr. Manuel Hotel.

Sept 6 & 7

To Board and Lodging

1 80

Motor Boat Hire

Cartage

1 80

Paid
R. W. Manuel
per R. M. J.

Storage

Extras

Mr Val. Warner

Barrie & Blanks
21-2-23

Dear Sir

I had handed
to me yesterday a cheque as follows

Dated Aug 1st 1919
payable to Mrs Jot Ford

Regimental Allotment

Allotment No 7106

Cheque No 6251 A

Amount \$ 18.60

payable on account of Louis Ford

This cheque was received by above named
person and it has been forgotten by her
until very recently, in fact she was
greatly surprised when she found the
envelope containing cheque, as she was
under the impression that same was paid.

I promise to write to the Dept of Militia
re same as she is quite anxious about it.

Please reply informing me what to do
and I will retain cheque until then from

Yours truly

Jas. O. Newman
Barrie & Blanks
Jot

Apr. 19th. 1923

Mr. James O. Newman,
Barr'd Islands,
Fogo.

Dear Sir:-

Some time ago Mr. Warren handed me your letter of Feb. 21st, but owing to my being very busy with payment of naval prize money, I did not time to go into the matter you speak of.

It will be quite in order for the cheque in question to be cashed.

Yours truly,

Major
Paymaster.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet *one*
C. B. D. [Signature]

Regimental Number and Name		Enlistment		Trade
No.	<i>5983</i>	<i>Lewis Ford</i>	Age on <i>22</i> years <i>0</i> months	<i>Fisherman</i>
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date	<i>St. Johns</i>		<i>Meth</i>
Joined	Date	Period of } with Colours <i>36 1/2</i> years.	with Reserve <i>36 1/2</i> years.	Place of Birth
Joined	Date			<i>Barred Hills Logobunt</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Princes Rink</i>	<i>9-9-18</i>	<i>Plt.</i>		<i>Overstaying Leave From 11:40 4-9-18 To 2 P.M. 8-9-18</i>	<i>Cpl. Hancock</i>		<i>9-9-18</i>	<i>Capt. R. H. Tait</i>	<i>Forfeit 4 Days Pay</i>
				<i>Demobilized St. Johns 7/19</i>					

To be carried over.

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. *5983* 3. Rank *Pte*
- 4. Name *Ford* *Lewis*
(Surname) (Christian Names)
- 5. Age last birthday *23*
- 6. Posted for duty on *Aug/18* at *Aden*
in category (or grade) *—*
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Where (c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

- (b) Date of Discharge ;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
no
- 11. Date of origin of disability.
no
- 12. Place of origin of disability.
- 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.
Contracted Influenza in Oct/18 was in military hospital at Aden and discharged to Port through General Hospital. Amended since joining report she has been on Light Duty and Tonic.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | no | |
| (ii.) Previous active service.. .. . | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the }
man's part. } | no | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

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.)

nothing abnormal in Lungs & Heart.

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.

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. Pocumier

W. E. Pocumier

Medical Officer in charge of case.

Station *Woolley Barr*

Date *13/1/19*

* 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.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5983 Rank pts Name Ford, Lewis
 Date of Enlistment 10-8-18 Address Bar's Glen District Tofo
 Occupation Fisherman Classification for Discharge E Medical Category H
 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.....	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.....		<u>181-1</u>	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 5-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am [Signature] in a position to resume civilian occupation.

Se Ford

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$600
 (b) Clothing Supplied [Signature]

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2355 to his home at Bardonia and Release Certificate No. 3405 issued.

Date 10-7-19 J.A. Snowball
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

Date 10-7-19 J.A. Snowball
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	2 Form B
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		<u>181-1</u>	" 6	
B 179c	B 120	M 93				

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

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919 L.P. Coole Capt.
O. C. Discharge Depot.

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

Date July 31 1919 J.A. Snowball