



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4787 Name Thomas Lafitte Corps R.C.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Thomas Lafitte</u>           |
| 2. What is your full Address? .....  | 2. <u>771, St. John's St.</u>      |
| 3. Are you a British Subject? .....  | 3. <u>Port au Port</u>             |
| 4. What is your age? .....   | 4. <u>26</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Waterman</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 .....<br>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, Thomas Lafitte 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.

29-4-18

Thomas Lafitte ..... SIGNATURE OF RECRUIT.  
Walter Pittman ..... Signature of Witness.

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

I, Thomas Lafitte 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 replies to, and the said recruit has made and signed the declaration and taken the oath before me at Port au Port on this 29th day of Apr. 1918

Signature of Attesting Officer G. James Smith

### † 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 ..... 1918

Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas K. Pitt  
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 3 3/4 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alexander La Pitt  
Box 25 River Point Rd 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 Lepot	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>29-4-18</u>									
Joined at <u>St. Johns</u> on <u>April 29-1918</u>									
<u>Discharged July 20-1919</u>									
<u>Embarked St. John's train to Halifax N.S. 1-6-1918.</u>									
<u>Embarked for St. J. 26-10-18</u>									
<u>Disembarked St. J. 26-10-18</u>									
<u>Joined Battalion 15-11-1918.</u>									
<u>Admitted to Coy. Hoop, Royal Sussex 24-3-1919. Sent to duty 11-4-1919.</u>									
<u>Left unit 14-7-19. Transferred from Lower 22<sup>nd</sup> Coy. Argyll &amp; Sutherland 23-7-19.</u>									
<u>To hold for demobilization 25-5-1919. Arrived Newfoundland 1-6-1919.</u>									
Total Service forfeited as above <u>1201 days</u>									
Total Service towards Engagement to <u>20-7-1919</u> (date of discharge)					1 years <u>87</u> days				
Pensions									

C.R. 4782

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 8th 1919.

The discharge of the undernated on demobilization has  
been APPROVED by O.C. Discharge Depot with effect from  
following date 6-7-19.

4782, Pte. La Fitte, T.

C.R. 4782

Extract from Daily Orders Part II Unit The Royal WFLA. Regt.  
St. John's, July 25th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by Officer i/c Records from 20-7-19.

4782 Pte. Thomas Lafitte.

C.R. 4782

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

Date June 18th 1919.

4782, Pte. T. Lafitte.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4782

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.

#4782 Pte. T. Lafitte.

C.R. 4782

Extract from Daily Orders Post 11 Unit The Royal Rif. Regt.,  
Mk. By Lt. Col. T.G. Mathies, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Bn. 3-11-18.

4782 Pte. LaFitte.

3 Coy.

C.R. 4782

Extract from Memorial Roll Re-inforcement Draft No.55, Embarked Folkeston  
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Haseloy Down Camp,  
to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4782 Pte.Lafitte, T.

MP.



C.R. 4782

Extract from Daily Orders Part 11. from Unit The Royal Mfld.  
Regiment, St. John's, dated June 14th 1918.

4782 Pte T. Lafitte

Embarked for Overseas with draft 11-6-18.

C.R. 4782

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 30, 1918.

#4782 Pte. T. LaFitte.

Attested for General Service with the Royal Newfound-  
-land Regiment from 29/4/18.

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 4782



LABOUR CORPS - NOTTINGHAM

No. H.A. 35635

DIS TO REINF DSP EX 8 GEN H ROUEN 24 MARCH '19.

607272 Pte Sant F. .... 1/7th W Yorks R att..... Debility.  
223 P of W Coy.

DIS EX 10 GEN H ROUEN 25 MARCH '19.

513237 Pte McCann J. .... 196/ Labour Coy ..... Carbuncle Neck.

DIS TO DUTY EX 72 GEN H TROUVILLE 24 MARCH '19.

578365 Cpl Hawkes S. .... Lab Corps 155/P/W Coy....Chr Rhinitis Slt.

ADM 83 GEN H BOULOGNE 25 MARCH '19.

306518 QMS Knopp T.R. .... 730 Labour Coy ..... Debility Mild.

DIS TO DUTY EX 83 GEN H BOULOGNE 25 MARCH '19.

202852 Cpl Thomas A.D.....228 Area Emp Co ..... Def Vision Sk.

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H.A. 35635.

ADM 8 GEN H ROUEN 24 MARCH '19.

4782 Pte Lafitte T..... 1st Newfoundland R..... Scabies Mild.

GUERNSEY BRANCH - RECORD OFFICE

No. H.A. 35635.

ADM 8 GEN H ROUEN 24 MARCH '19.

364664 Pte Dorey W. .... 3rd Res Batt Guernsey .. N.Y.D. Mild.  
Light Inf

254  
592

T. Lafett

CR. 4782

~~1890~~

## Medical Report on an Invalid.

Station HazeltonDate 30-4-19

1. Unit Royal Newfoundland
2. Regimental No. 4782.
3. Rank Pte
4. Name de Witt
5. Age last birthday 28
6. Enlisted { on  
at 23/4/18  
St Johns
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).

*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. *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— *nil*
- (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.

*Accomplish your 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?

*Repatment*

*mark*

*Maj. D. D. D.*

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

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

Station Hagley Down

Date 30/4/19.

\_\_\_\_\_  
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 3962



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Lafitte, Regl. No. 4782

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
363	Mother	Mrs Alexander (Annie) Lafitte	Fox Island River Port-au-Port	
Total Allotment, £				70

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

Sig.) [Signature]  
 Officer Commanding  
A Company  
[Signature]  
May 16th 1918

(Sig.) [Signature]  
 (Rank) [Signature]



To: The Chief Paymaster,  
Royal Newfoundland Regiment,  
55 Victoria Street,  
London, S.W.

Sir:-

Please charge the amount not opposite my name to my account and pay  
it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments  
for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4782.	Pte	Lafitt J.	\$250	J. Lafitt

I have the honour to be, Sir,  
Your obedient Servant.

J. Lafitt

Date

July 1/18

Lafitte, Thomas

4782

Aug sept.

July 22, 1919.

#1782 Pte. Thomas LaLittle,  
Fox Island River,  
Port au Port.

Dear Sir:-

Please find enclosed Discharge Certificate #3186.

Yours truly,

Captain & Master.

The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4782 Rank Plt Name La Fite T  
 Intended place of residence Fox Island Riv
2. Occupation Fisherman  
 Classification of soldier F 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 4 1919
- J. M. H. St.*  
 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 4 - 1919
- Thomas LaFite*  
 Signature of soldier  
*W. B. [unclear]*  
 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 4 - 1919
- Thomas LaFite*  
 Signature of soldier  
*James O'Sullivan*  
 Signature of witness 581-

## STATEMENT OF SERVICE

7. Enlisted for service 29-4-18 No. of days on Military  
 Discharged from service 6-7-19 Plus 14 days Service 448

## 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 6 1919
- R. H. [unclear] Major*  
 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 20/1919
- [Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*211 1079/3186*

2  
31  
20  
20  
3

# The Royal Newfoundland Regiment

Class for Demobilization: 96.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 3.7.19

Regimental No. 4782

Name Lt Fille Monar Rank 96.

Address For Island Post on Port

Present Medical Category A1

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

Members of Board

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

H. Paterson  
Senior Medical Officer

S.W. Birken  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4782 Rank Plt Name L. Little J.  
 Date of Enlistment 29.4.15 Address 104 Island Road District St. George's  
 Occupation Fisherman Classification for Discharge 16 Medical Category A.I.  
 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	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 3.7.19O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 60  
 (b) Clothing Supplied [Signature]

Date 4-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>82163</sup> ~~827~~ to his home  
~~707 Old River~~ and Release Certificate No. <sup>3184</sup> issued.

Date 4-7-19

*J. A. Linnell*  
 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 4-7-19

20-7-19  
*J. A. Linnell*  
 Depot Paymaster

Discharged approved for 6-7-19  
 Forwarded with following documents to O. C. Discharge Depot.

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board Ist.	" 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
B179c	B 120	M 93		

Date 4-7-19

*J. A. Linnell*  
 O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records.  
 Board of Pension Commissioners.

with following additional documents.

Date

**JUL 6 1919**

Eligible for War Service Gratuity

*R. H. Sait* 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.

*J. Labitte*

Signature of Man.

Reg. No. 4782

*J. Knowlton*

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 4-8-19 191



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

## MEDICAL HISTORY

Surname La Fitte OF Christian Nane Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Fox Island Livey Port on Port County Wflda.

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	day of	on	day of
Examined	29	April	1918	191
	at	<u>St John's, Wflda.</u>		at
Declared Age	26	years	days	years
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet	5 $\frac{3}{4}$	inches
Weight	142 lbs.			lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	Number	Arm	Number
When Vaccinated				
Vision	R. E.—V=	4/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Patterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at	<u>St John's, Wflda.</u>		at
	on	29	day of	April
	Corps.	Regtl. No.	1918	191
Joined on Enlistment	<u>The Royal Wflda</u>		4782	
	<u>Regt.</u>			
Transferred to				
Became non-effective by	on	day of	191	on
	day of	191	day of	191
[Signature]				
[Rank]				





## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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 *Thomas. La. Jette*  
Regiment from which discharged **Royal Newfoundland**  
Regimental number *4782*  
Intended address *Fox Island. River Port-au-Port*  
Height on discharge *5 Feet 7*  
Color of hair on discharge *Dark Brown*  
Complexion *Fair*  
Color of eyes *Blue*  
Descriptive Marks *—*  
Figure on discharge *Medium*  
Christian name of Father *Alex.*  
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 *Stephenville. 14-8-age. 27 1891*  
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)

*T. LaPitte*

(Rank)

*PLS*

Station *Al Johns*

Date *July - 2 - 1919*

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 in Hospital.  
Unit or Command Depot.

Station

*LL*

Date

Medical Report on an Invalid.Station Hazelton CampDate 30. 4. 19

1. Unit Royal Newfd.
2. Regimental No. 4782
3. Rank Pte.
4. Name P. Little. W.L.
5. Age last birthday 28
6. Enlisted { on 23. 4. 18.  
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).*nilStatement 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. nil

13. What is his present condition?

*No complaint of no disability*

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

*Wa*

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

*Wa*

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*

20. Do you recommend—

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

*D.A.D.M.S.*

*J.P.P. Wright* *Major Rankie,*  
Officer in medical charge of case.

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

Station *A.D. Camp*

Date *20. 4. 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.

**Casualty Form - Active Service**

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Lapierre Christian Name Thomas

Religion R.C. Age on Enlistment 26 years 3 months

Enlisted (a) 29/4/18 Terms of Service (a) DURATION Service reckons from (a) 29/4/18

*RFB 1918*

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended ( ) Re-engaged ( ) Qualification (b) \_\_\_\_\_  
or Corps Trade and Rate \_\_\_\_\_

Occupation Fireman Signature of Officer J. M. Keenan Capt.

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 ..	<u>26 OCT 1918</u>		
		Disembarked ..			
	<u>8 Gen H.</u>	Adm: <u>Cabies</u> <u>Discharged 24/1/19</u>	<u>3 NOV 1918</u>	<u>24.3.19</u>	<u>1st 3563.</u>
		<u>Arrived in UK.</u>		<u>12/4/19</u>	<u>B213</u>
				<u>23/4/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in, a new force, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shipping-Smith, and other special cases, see Army Form B-213, Army Form A-36, or in other official documents.

*Next of kin* Father Alexander Lapierre  
Fort Bell River, St au Fort, Qld.

July 26th 1919.

#4782, Pte. Thomas LaFitte,  
Fox Isld. River, P. S. A. P.

Dear Sir:

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

Yours truly,

Capt. & Paymaster.

RS/.

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 20th. 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... *Thomas* ..... 2. Surname... *LaFITTE* .....
3. Rank... *Pte* ..... 4. Regtl. No. ... *4782* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Box 2, River Fort au Port* .....
6. Date of enlistment in the Regiment... *Apr 24 - 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents... *No* .....
9. Address in full of such dependents... *No* .....
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... *No* .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *1 yr 2 months* .....
- ..... 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.? If not give? (a) Date of discharge.

*No*

*July 4/19*

*Desrob*

*(Desrob)*

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 Belgium Germany Oct 1918 to March 1919*

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.

*Thomas Lafitte*

Signature of Applicant:

Place of Residence:

*Fox D. River, Port au Port*

Declared before me at:

*St Johns*

This

*4<sup>th</sup>*

day of

*July*

19*47*.....

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. Dependent.

War Service  
Gratuity.

Net amount  
due

*11.00*

*280.00*

Certified correct.

Inspector

*1/6*



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, Thomas Lafitte, Regl. No. 4782

hereby agree, until further notification by me, and in similar official form to make an Allotment of                          Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3863</u>	<u>mother</u>	<u>Mrs Alexander (Annie) Lafitte</u>	<u>Fox Island River Port-au-Port</u>	
Total Allotment, \$				<u>70</u>

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  
a Company  
[Signature]  
May 16th 1918

(Sig.) [Signature]  
(Rank) [Signature]

ST. JOHN'S, July 4<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Plt. F. LeFette

Billeting Soldiers as undermentioned

from June 4<sup>th</sup> /19 to June 27<sup>th</sup> /19

4782 Plt. F. LeFette 22 70

AMOUNT	<u>37m</u>
NO. OF	<u>2291</u>
IND. LEDGER	INITIALS <u>Few</u>
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 22.70

J. A. Shaw  
R.N. Billeting Officer.  
F. LeFette

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

---

Fold Here



1921.

The accompanying Victory Medal and/or British War Medal  
is/are forwarded herewith to

Thomas LaFitte

in respect of his service as No. 4782 Rank Pte.

Name T. LaFitte Royal Nfld. Regt.  
~~2nd Bn. Canadian Exp. Corps.~~

Receipt of the same should be acknowledged hereon.

Received Octob 22<sup>nd</sup> 1921

Signature Thos LaFitte

Date October 26<sup>th</sup> 1921

Address 702 Island River  
Port au Port

[P.T.O.]

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
30.

Regiment of

Royal Newfoundland

Number of Sheet from 1

Signature of O. C. Company

A. J. Smith

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months	Fisherman	
472	De Witt. P. H.	26		Religion	
Joined	Date	Place and Date of Enlistment		R. C.	
Joined	Date	24.11.16		Place of Birth	
Joined	Date	Period of } with Colours / 33 years.		For 1st River Port au Port	
Joined	Date	with Reserve / 33 years.			

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
				Demobilized	St John's	20	19		

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4782 Rank Plt Name LaLette J  
 Date of Enlistment 29.4.16 Address Fort Island Road District St. George  
 Occupation Fisherman Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 1336	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	E 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 17H	D 400H	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 3.7.19 O. C. Discharge Depot. Mrs H

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*Thomas LaLette*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 60.00
- (b) Clothing Supplied Ambleton

Date 4-7-19 O i/c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>82163</sup> 827 to his home at 701 1/2 A River and Release Certificate No. 3184 issued.

Date 4-7-19

*J. H. 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 4-7-19

Date 4-7-19

*R. H. Sait*  
Depot Paymaster.

Discharge approved for 6-7-19

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

N.P. 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
B179c	B 120	M 93		

*From B*

Date 4-7-19

*R. H. Sait*  
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 6 1919

*R. H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date July 21 1919

Reg. No. *4782* Rank *PLC* Name *Lafitte Thos.*

Attested ..... Address *Laf R River*

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

Date of Allotment ..... Returned from Overseas *29.5.19*

Turned on S.S. *Corsicans* Cause *Discharge*

*4.7.19*  
*6.7.19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**