



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4750 Name Stewart McDonald Weth Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. |
| 2. What is your full Address? | 2. |
| 3. Are you a British Subject? | 3. |
| 4. What is your age? | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. |
| 6. Are you Married? | 6. |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. |
| 9. Are you willing to be enlisted for General Service? | 9. |
| 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. |

I, Stewart McDonald 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Stewart McDonald 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

Signature of Attesting Officer Stewart McDonald

+CERTIFICATE OF APPROVING OFFICER.

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

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

Date 191

Place

Approving Officer.

* The signature of the Approving Officer is to be affixed in the presence of the Recruit.

† Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Stewart Lunder
 Apparent age 18 years 1 months. Height 5 feet 4.5 inches
 Chest Measurement { Girth when fully expanded 33.5 inches
 Range of expansion 3.5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Lunder - on board
 | 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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4850 Name Stewart Lander Corps meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Stewart Lander</u> |
| 2. What is your full Address? | 2. <u>Bonaville</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, Stewart Lander 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.

A
1-5-18

Stewart Lander SIGNATURE OF RECRUIT.

James Arlie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 1st day of may 1918

Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191

Place.....

} Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Stewart Lander
 Apparent age 18 years 1 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Lander Bonavista
 | 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'opot	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 limit of engagement reckons from <u>1-5-18</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
Discharged at <u>St. John's</u> <u>Sept 30/1918</u>									
<u>Admitted Barracks Hospital 1-5-18.</u>									
<u>Headquarters travelling board recommends discharge</u>									
<u>Discharged Medically Unfit 30/9</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-9-18 (date of discharge) _____ years _____ days
 Pensions _____

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

MEDICAL HISTORY

Surname

Lander

OF

Christian Name

Stewart

Table I.—GENERAL TABLE.

Birthplace:—Parish

Bonavista

County

nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1 st	May 1918		191
	at	St John's nfld	at	
Declared Age	18 1/2	years		days
Trade or Occupation	Fisherman			
Height	5	feet 4 1/2	feet	inches
Weight		115	lbs.	lbs
Chest Measure- ment	Girth when fully expanded	33 1/2	inches	inches
		3 1/2	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	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)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	St John's nfld	at	
	on	1 st day of May 1918	on	day of 191
		Corps		Regtl. No.
Joined on Enlistment		The Royal nfld Regt.	4850	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station St. John's, Nfld.,
Date August 16th., 1918

1. Unit *1st. Newfoundland*
2. Regimental No. **4850**
3. Rank. **Private**
4. Name. **Lander, Stewart**
5. Age last birthday. **18**
6. Enlisted on **May 1st., 1918**
at **St. John's, Nfld.**
7. Former trade or occupation

8. Disability

VALVULAR DISEASE HEART

9. History
Reported as Sick Parade complaining of pains over cardiac region - states he had this condition before existing but said nothing about it at the time.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Complains of pains over cardiac region and of shortness of breath.

Systolic murmur heard over mitral area
Pulse regular rate 76

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? **Yes**

Signature (Sgt) F. W. BURDEN
Rank or Qualification ACTG. M. O.

Remarks if any by Officer in Hospital.

Place Signature
Date Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x be considered as aggravated by:—
due to may
(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

Less than 20%

16. Is the disability permanent? **Yes**

17. Has the disability been aggravated by (a) Intemperance. **No** (b) Misconduct. **No**

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
General Hospital,
Naval and Military Con-
valescent Hospital, **No**
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

(Sgd) JOHN G. DUNCAN President
..... J. SINCLAIR TAIT
Signatures. ARCH. G. TAIT

Place **St. John's, Nfld.**

Date **August 19th., 1918**

APPROVED

Station

Date



CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

Per *SP 4 TB*

(Sgd) CLUNY MACPHERSON, Major
Administrative Medical Officer.

D. M. S. NEWFOUNDLAND.



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 *Rauder Stewart*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *#850.*
 Intended address *Bonavista.*

Height on discharge *5 Feet 11/2.*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eye *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *James.*

Christian name of Mother *Melie.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Bonavista July. 1900.*

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) *Stewart Stewart Rauder*

(Rank) *Pfc*

Station *St Johns*

Date *Aug 1918*

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.

Stewart

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

Station *St Johns*

Date *Aug 16/18*

To be Noted (Part II. Orders) *W. J. G.*



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date *Aug 10* 191*8*.

Regimental No. *1850*

Name *Borden S.*

Address _____

Disease or Disability *V. L. N.*

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition *rest due to military service*

Recommendation *Standing Medical Board*

Category _____

Members
of
Board

<i>R. H. [Signature]</i>	O. C. Depot
<i>[Signature]</i>	D. D. M. S.
<i>[Signature]</i>	M. O. Depot

M. G. [Signature]



This Form is to be used in connection with Pamph. M. E. (1)
N. P. 1915

In the space below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of

Stewart Sanders

aged

18 years

conducted at

Head Quarters

Date:

Recruiting Officer:

NO OF TEST

FINDING

1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>6/6 left 6/6 R.</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>yes 2 second. no scars.</i>
34	<i>5 ft 4 1/2"</i>
35	<i>115</i>
36	<i>30 - 33 1/2</i>
37	<i>n</i>
38	<i>Sader James Bonawita</i>
39	<i>no</i>

X 850

JK

Signature of Medical Examiner:

[Signature]



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's*
Date *May 16/18*

1. Unit *1st. Newfoundland*
2. Regimental No. *4850*
3. Rank. *Pte*
4. Name. *Lauder Stewart*
5. Age last birthday. *18 years*
6. Enlisted on *May 1st*
7. Former trade or occupation *1918 at St. John's*
8. Disability

Valvula Disease Heart

9. History *Reported as Sick Parade Complaining of pain over cardiac region - States he had this condition before enlisting but said nothing about it at the time.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Complains of pain over Corda
region and of shortness of
breath.
Expects morning head over
breast
Orea -
Pulse regular rate 76 -

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as
permanently unfit?

Yes

Signature

J. W. Borden

Rank or Qualification

Capt. U.S.A.

Remarks if any by Officer of Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Phrase inapplicable words.

13. For pension purposes, the disability x may be considered as aggravated by—
due to

(a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
yes.

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

less than 20%

16. Is the disability permanent?
yes.

17. Has the disability been aggravated by (a) Intemperance. No (b) Misconduct. No

18. The refusal of operation sanatorium is:— (a) Reasonable. ✓
(b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

{ General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. } No

20. We recommend discharge from
retention in the Army

Remarks if any:—

Signatures.

John D. Duncan President
James J. [unclear]
Archie [unclear]

Place St. John's, Nfld.
Date Aug. 15th 1918.

APPROVED

Station
Date



Clayton Macpherson
Administrative Medical Officer.
D. M. S. NEWFOUNDLAND.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 687

Regt. No. 4830 Rank Pte. Name Stewart Lander

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board August 19th 1918

Pensionable disability Less than 20% for 20 months

Pension granted:

0 per month for months

or Gratuity granted:

\$ 50 payable in 2 equal monthly instalments

Granted to:

Name Stewart Lander

Address _____

Date case disposed of AUG 26 1918

Approved by:

Members of Board

*Ak.
ABC*

[Signature] Chairman
[Signature]

Remarks:

2018

C.R. 4850

Extract from Daily Orders Part 11 Unit The Royal Wfid.
Regt., St. John's dated Oct. 10th, 1918.

4850 Pte. Stewart Lander.

Hvaibg been found medically unfit is discharged from 7-10-18.

C.R. 4850

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

4850 Pte. S.Larder,

Discharged 30 - 9 - 18, Medically unfit

C.R. 4850

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

#4850 Pte. S. Lander.

Discharged from Barracks Hospital 10-8-18

C.R. 4850

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated August 1, 1918.

#4850 Pte. S. Lander.

Admitted to Barracks Hospital 1-8-18

C.R.

4830

Extract from Daily Orders p rt 11, from Unit the Royal
Rfid. "egt. St. John's, dated May 2nd, 1918.

#4850 Pte. Stewart Lauder.

Attended for General Service with the Royal Rfid. Regt. from
1/5/18.

Depat 4850

Aug. 9th, 1918

Dear Madam/-

Reply to your letter of 5-8-18, I have to say that just now your son, Pte. Stewart Lander, is under observation by the Medical Department to determine whether he is physically fit for overseas duty or not. In the event of their decision being the latter, I shall have him discharged and sent home without delay and if the former, will grant him a few days leave.

I have the honour to be,

Madam,

Your obedient servant

Mrs. Helen Lander,

Bonavista.

O.C. Depot

for attention, Please.

for Travelling
Boards.

R. M. Davidson.

Secy to D.O.C.

Baracke Strip 1-8-18

Am Report please - As to

Dr
Receipt

Donavonta

Aug 5/18

To the Commanding Officer
of the U.S. Army Office

Dear Sir,

Just
a word to ask you
if I could be able
to see my son. I am
very sick looking
for the end every day
would like to see him
(X Stewart Lander) before
he goes across if you
would be kind enough
to let him off for a few
days.

Yours truly LANDER

Helen Lander

Mother of Stewart

St John's, Newfoundland

Oct. 7th, 1918.

O.C.,
Royal Wfld. Regt.
Headquarters

SIR:-

The undermentioned men have been discharged on
the dates given. Kindly note and post in Daily Orders
Part II.

I have etc.

(sgnd) J.M.HOWLEY

Capt. etc.

169 Sgt. Whelan, John J.	Oct. 7th, 1918	Med. unfit
1736 Pte. Chalker, Geo.	Spt. 30th, 1918	Do.
4850 " Lander, Stewart	Do.	Do.

August 21st, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/s Records,
Militia Department

5274 Pte. G. Hadden
5124 " G. White
4862 " G. Reddie
5115 " H.J. Helligrew
4890 " Stewart Lander

The marginally noted men are recruits who have been three months and over on the strength and have been recommended for discharge as permanently unfit by Standing Medical Board held on Monday, August 19. I am sending them herewith for your attention and necessary action, please.

Their pay accounts on Company Sheets have been squared up to and including 21st August and they are paid in full to that date. Allotments are as under-noted -

5274 Pte. G. Hadden	50p per day
4890 " G. Lander	60p "

The others have no allotment in force.

Lauder, A

4850

May Sept.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	4880	Army Rank	Private
Name	Stewart Lander		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	The Royal Newfoundland Regt		
Battalion, Battery, Company, Depot, &c.			
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)			
Date of discharge	September 30 th 1918		
Place of discharge	St John's, Nfld		
1.	Description at the time of discharge.		
Age	18	years	8 months
Height	5	feet	4 1/2 inches
Chest measurement	girth when fully expanded		ins.
	range of expansion		ins.
Complexion	dark		
Eyes	brown		
Hair	dark		
Trade	Fisherman		
Intended place of residence (To be given as fully as practicable)	Bonaville		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)			
2.	The above-named man is discharged in consequence of being no longer physically fit for war service		
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the name and date of the letter to be quoted.)			
To be filled in on the soldier quitting the Colours.	3.	Military character:—	
	4.	Character awarded in accordance with King's Regulations:—	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
			Initials of Commanding Officer.
Army Form B. 2083 has been issued to*			



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Stewart Lander Regl. No. 4850

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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2923</u>	<u>Mother</u>	<u>Mrs James (Helen) Lander</u>	<u>Bonaville</u>	
Total Allotment, \$				<u>609</u>

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. James Bent
Officer Commanding
St Johns B Company
May 17 1918

(Sig.) Stewart Lander
His
The mark
(Rank) James Arkie
Witness
Cy Sergeant



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Stewart Lander, Regl. No. 4850

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 ^{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 1st June, 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2923	Mother	Mrs James (Heeler) Lander	Bonavista	
Total Allotment, \$				609

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.) James G. Burt
 Officer Commanding
B Company
St. Johns
May 17 1918

(Sig.) Stewart Lander
 (Rank) The mark
 Witness James Arklie
Cy Serge

4450
Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date.

Date 17 Oct 1918 Sig. of Soldier Stewart Landrum

Place Johns River Sig. of Witness John Roper

October 8th, 1918.

Pte. Stewart Lander,
Bonavista, B.B.

Dear Sir, -

I enclose Herewith cheque for \$59.90, being balance of pay due you at date of discharge, also certificate of pay.

I also enclose Certificate of Discharge, dated Sept. 30th, 1918, together with special form which kindly sign and return to this office.

Yours faithfully,

Capt.
Paymaster & O. i/o Records.

ENCLOSURES 4.

E/W.

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 69⁹⁰

Dec 5th 1918

Received from the First Newfoundland Regiment
the sum of Sixty Nine ⁹⁰/₁₀₀ Dollars.
~~on account~~
balance of Pay.

Ch. No. 3629.	Initials... <i>ew</i>
Pay Ledger... 117.	Initials... <i>wu</i>
Gen. Ledger.....	Initials.....

Regtl. No. Rank

[Signature]

No. 4850

Rank

O-6

Name

Lander, S.

Reg. No. 4850 Rank Pte. Name Lander, Steward.
 Attested 1-5-18. Address Bonavista B. B.
 Allotment 60 Allotee Mrs James Lander (Mother)
 Date of Allotment _____ Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

		<u>1st Dec 10/18</u>	<u>2nd Dec 17-5-18</u>	<u>3rd Dec 13/18</u>
<u>1-8-18</u>	<u>Adm - To Barracks Hoop</u>			
<u>10-8-18</u>	<u>Hq Quartermaster board reviewed Certificate V.D.H.</u>			
<u>17-8-18</u>	<u>Recommended - Dis - Permanently unfit</u>			
	<u>DISCHARGED - MEDICALLY UNFIT</u>		<u>30-9-18</u>	<u>At 1/6.</u>

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
99.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company A. J. Bennett

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4850</u>	Age on	<u>18</u> years	<u>fisherman</u>		
	<u>Sander S.</u>	months		Religion		
Joined	Date	Place and Date of Enlistment	<u>Sunder</u>	<u>Method</u>		
Joined	Date	Period of } with Colours <u>1.5.18</u> years. with Reserve <u>3.5</u> years.		Place of Birth		
Joined	Date		<u>Rouavit</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>gradually unfit</u>		<u>St John's</u>	<u>30</u>		<u>9/18</u>

To be carried over

Army Form B. 121.