



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1271 Name Saml Lane S.A.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Saml Lane</u> |
| 2. What is your full Address? | 2. <u>Home Bay</u>
<u>P.O.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Tradesman</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, Saml Lane 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.

Saml Lane SIGNATURE OF RECRUIT.
Jas W. Witham Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Saml Lane 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 21 on this 21 day of May 1915.
Signature of Attesting Officer Brooks 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 1915 } Approving Officer.
Place

† 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

5271

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

Name Samuel Lane

Apparent age 20 years 0 months. Height 5 feet 3 3/4 inches

Chest Measurement { Girth when fully expanded 34 inches
Range of expansion 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Lane Lane
Box BB | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <u>United States</u> engagement reckons from <u>21-5-18</u>									
Joined at <u>St. John's</u> on <u>Moay 21-9-18.</u>									
<u>Discharged August 6 1919</u>									
<u>Countersigned St. John's St. Louis Mo to Halifax N.S. 22-7-18.</u>									
<u>Left for demobilization 24-6-19</u>									
<u>Returned to England 1-7-1919</u>									
<u>Demobilization St. John's 6-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-1919</u> [date of discharge] _____ years _____ days									
Pensions " " " " " " " " " " " "									

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6271 Rank Pte Name Lane S
 Intended place of residence Hare Bay

2. Occupation Orderly
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 9 1919

H. M. 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 9 1919

S. Lane
 Signature of soldier

H. M. St.
 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 9-7-19

Samuel Dean
 Signature of soldier

H. M. St.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service 23-7-19 Plus 14 days Service 443

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 1919

Date JUL 20

H. R. Coote
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 6/1919

H. M. St.
 Officer in Charge
 The Royal Newfoundland Regiment

11
30
31
6
98

Aug 13 2071/3417

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5271 Rank Pte Name Lane S
 Date of Enlistment 21.5.18 Address Head Bay District Bonaville
 Occupation Instrument Classification for Discharge E Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Samuel Lean

Particulars passed to Vocational Officer for information and action.

Date

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82289-9871 to his home at Hull Bay and Release Certificate No. 3353 issued.

Date 9-7-19

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 1-8-19

Date 9-7-19

W. H. H. H. H.
Depot Paymaster.

Discharge approved for 93-7-19

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

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

Date 9-7-19

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 23 1919.

N.R. Cooper Capt
for O. C. Discharge Depot.

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

Date



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 *Samuel Lane*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5271*

Intended address *Harv. Bay*

Height on discharge *5 feet 3*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Joe*

Christian name of Mother *Willie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Harv. Bay 1-12- age 22- 1897*

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) *Samuel ^{his} Lane*
mark

(Rank) *P/S*

Station **ST. JOHN'S.**

Date *July. 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

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name.....^S.....2. Surname.....*Lane*.....
3. Rank.....*Pvt*.....4. Regtl. No.*5272*.....
5. Address in full to which future payments of gratuity are to be forwarded.....*Share Boy B.B.*.....
.....
6. Date of enlistment in the Regiment.....*May 1918*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....*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?.....*no*.....
11. Were you on active service only in field, if so, give dates and particulars of such service.....*Overseas*.....
.....
12. Give total length of time which you served on active service, whether in field, or Overseas.....*Fourteen 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.

.....
.....
.....

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.

.....
.....

15. Have you been issued with a War Service Badge?.....

16. Have you, during the present war, served in the Imperial Forces?.....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the Regt.?..... If not give- (a) Date of discharge..... (b) Reason for discharge.....

.....

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.

.....
.....

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 made under Oath.

no

no

no

no

no

no

no

no

July 23/19

Demobilization

England

Signature of Applicant: *S Lane*
 Place of Residence: *Stare Bay. B. B.*
 Declared before me at: *St Johns*
 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 M. Carthy

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

August 15, 1919

Mr. S. Lane,
Hare Bay, B.B.

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,

Captain & Paymaster.

C.R.

5271

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

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

#5271 Pte. Samuel Lane.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5271 Rank Plt Name Lane S
 Date of Enlistment 21.5.18 Address Stoney Bay District Bonaville
 Occupation Labourer Classification for Discharge E Medical Category AT
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 8.7.19

H. M. H.
 O. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Samuel Sean

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 Alfred Brown

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2289.9871 to his home at Han Bay and Release Certificate No. 3353 issued.

Date 9-7-19 *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 31.2.19

Date 4-7-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 23-7-19

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

Date 9-7-19 *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 23 1919 *R. Cooper Cabot*
O. C. Discharge Depot.

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

Date July 23. 1919 *J.A. Snowball*

Reg. No. 5274 Rank. 96 Name Lane Samuel
Attested Address. Hone Bay
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas. JUL 1 1919
Returned on S S. *Lussandra* Cause. *Discharge*

9719 PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

C.R. 5271

Extract from Daily Orders part 11, from Unit The Royal
H216 Regt. St. John's, dated May 22, 1918.

#5271 Pte. Samuel Lane.

Attended for General Service with the Royal H216 Regt.
from 21.5.18

C.R. 5271

Extract from Daily Orders Daybook Unit The Royal Nfld.

Regt. St. John's, July 3rd, 1919.

5271 Pte. S. Lane.

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

C.R. 5271

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

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

5271 Pte. S. Lane.

C.R. 5271

**Extract from Daily Orders By Major M.S. Sullivan,
Commanding Newfoundland Forestry Companies, 6-22-18.**

The undermentioned having reported for duty from the 2nd Bn. Royal Nfld. Regt. is attached to the strength for rations, from this date and posted to "B" Company.

5271 Pte. S. Lane.

C.R. 5271

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

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

5271 Pte. S.Lane.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company Capt. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5271</u> <u>Lawe Saml.</u>	Age on	<u>20</u> years / <u> </u> months	<u>Fisherman</u>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date	Date	<u>S. A.</u>		
Joined		Date	Date	Place of Birth		
Joined		Date	Date	Period of	<u>Ware Bay B.N.</u>	
			} with Colours <u>1^{7/8}</u> years.			
			} with Reserve <u>3^{6/5}</u> 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
<u>Kazeloy. D. Camp.</u>	<u>14.6.19</u>	<u>Pte</u>		<u>Absent from roll call 21.30. O'clock 14.6.19 until 22.0.0 clock. 15.6.19</u>	<u>Cpl. Pessy</u> <u>" Pike</u>	<u>2 Days. C. B.</u>	<u>16.6.19</u>	<u>Cpt. G. Cameron.</u>	<u>for 1 Days Pay by. R. W.</u>
				<u>Demobilized 15th Nov 1919</u>					

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 Fusiliers*.....
2. Regt. No. *5271* 3. Rank. *pt.*.....
4. Name *Lane* *Samuel*.....
(Surname) (Christian Names)
5. Age last birthday. *21*.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Unknown*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regt. 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
- (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."

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? }

15. What is his present condition ?

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

The complainant of no disability

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

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.S. Procuier *Capt R.R. Mc*

Station ... *Hazleyburn* ...

Medical Officer in charge of case.

Date ... *8/4/19* ...

* 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.

S Lane

C.R.

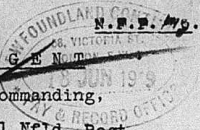
5271

110

No. 8454/1600

b

100179



From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Bn Royal Nfld. Regt.,
Winchester.

11th June 1919

June 13th 1919.

5271, Pte. S. Lane

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 (225):

J. J. Baston LIEUT. COLONEL,
Officer Comdng 2nd BATTN
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-

5271 Lane £6:3:0

Received the sum of £. 6-3-0.

Cheque £6:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Six Pounds three Shillings respect of telegraphic remittance from the Minister of Militia.

A. C. Minnister
Chief Paymaster & O. i/c records.

Samuel Lean

No. 5271 Rank Pte

Witness: *H. White*

Lane, S

5271

Ray Sept.

August 6th 1919.

#5271, Pte.S.Lane.

Hare Bay, B.B.

Dear Sir:

Enclosed please find Discharge Certificate
3417.

Yours truly,

Capt. & ~~Co's~~ Recrds.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization

E
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5271*

Name *Lane Samuel*

Address *Hair Bay*

Present Medical Category *A-i*

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

Members of Board {

Robt. Laing Major
.....
O.C. Discharge Depot.

Watson
.....
Senior Medical Officer

W. Borden
.....
N. O. Depot

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.

Samuel Lean

Signature of Man.

Reg. No. *3271*

J. H. Snow
Signature of the Vocational Officer or his Representative.

Place *At Johns*

Date *9-7-19*

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

MEDICAL HISTORY

Surname Lane

OF

Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21	May	1918	
at	St. John's		at	
Declared Age	20	years		days
Trade or Occupation	Fisherman			
Height	5	feet	7 3/4	tches
Weight	120		lbs.	lbs.
Chest Measure-ment	Girth when fully expanded		34	inches
	Range of Expansion		3	inches
Physical Development	Right		Left	
Vaccination Marks	Arms		Arms	
	Number		Number	
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	Samuel Paterson			
(Rank)	Major		Medical Officer.	
Enlisted	at	St. John's	at	
	on	21	day of	May
				1918
Joined on Enlistment	Corps.	Medical	Regtl. No.	5271
		Nfld Regt		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps..... Royal N. Zealand Coy } Former Trade or Occupation } Truckman
2. Regtl. No. 5271 3. Rank..... Pvt. 7a. If the soldier claims previous service in Army, he should state—
4. Name Lane..... Samuel.....
(Surname) (Christian Names)
5. Age last birthday. 21.....
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.
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.

*nil
nil
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.)

The complainant has 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 ?

Repatriation

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

W. E. Procurier, Capt R.A.M.C.

Station *Hazleydown*
Date *1.1.19*

Medical Officer in charge of case.

* 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

Love.

Respectfully,
P. H. R.

Rec. Am. Soc. of Am. Bn.

Wm. H. R.

MORNING SICK REPORT

MEDICAL INSPECTION REPORT*

Unit 2nd Bn R. N. I. { Squadron,
Battery, or
Company.
Station Hagley Down Date 20. 8. 18.

Regt. No. 5271 Rank Pvt

Name Lane S.
(Christian Name in full; Surname first)

Married? _____ Religion _____

Completed years of Age 20 Service 3/12

If for duty † _____

Whether a defaulter _____

Lines or barracks _____ Room _____

Disease Typhoid

Disposal—Medical Officer's Remarks and Signature—

The Patient Discharged.

M. S. Orderly
N.C.O.

* Strike out whichever is not applicable.
† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "Joining the station," &c., should be stated against their names.

From : Ophthalmic Surgeon. Central Military Hospital.

To : Medical Officer in Charge 2nd Batta. R. Hfld.

Hazeley Down

Aug 20th 1918

" REPORT OF VISION "

No. 5271 Pte. Lane S.

Has V.A. R.E. $\frac{6}{60}$

R.E. $\frac{6}{18}$

" " L.E. $\frac{6}{6}$

With correct-
ing lenses.

L.E. $\frac{6}{6}$

R.S.
Compound Hypermetropic Astigmatism
L.S.
Emmetropic

Glasses ordered.

Robert Lockhart
Capt m.c. U.S.A.
R.S.M.C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this man's
Medical History Sheet for future reference please.

ACCOUNT	<i>Trans</i>
SH. No.	<i>8033</i> INITIALS <i>R.H.</i>
IND. LEDGER	INITIALS
REV. LEDGER	INITIALS
EXP. LEDGER	INITIALS

The Department of Militia

The sum of *Two* Dollars *is one*

MR. *John Lawrence* *Have Bay* for *Driving*

Reg. No. *5271* Rank *Pvt.* Name *Lawrence*

FROM *Combs* TO *Have Bay*

Account for \$ $\frac{100}{100}$

J.H. Shaw

Capt.

Demobilisation Officer.

Voucher Attached.

A.H. Carter
 DISTRICT OFFICER
 NEWFOUNDLAND
 AUG 15 1919
 COMMANDING

4 Haver Bay
July 16th 1879

Dear Sir

Please send me for
Loane the sum of \$10
Pte S Lane

Yours Truly
Pte S Lane

[Handwritten signature]

[Faint handwritten text]

No. g 871

TRAVELLING WARRANT

Date 9-7-79 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 5271 Rank T.C. Name Gene-S.

From ST. JOHN'S - To Harbour

Gambo

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. H. Mawdsley
SIGNATURE OF ISSUING OFFICER.
Discharge Depot Newfoundland

August 22, 1919

Job Lane,
Hare Bay.

A. C. R.

Dear Sir:

With reference to your
letter of July 16th. I enclose herewith
cheque for \$10.00, amount due you for driving
Pte. Lane from Gambo to Hare Bay.

Yours truly,

Capt.
Paymaster.

IM/