



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4847 Name Walter Lane Corps R.C.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Walter Lane</u>              |
| 2. What is your full Address? .....  | 2. <u>St Brendans B.B.</u>         |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>30</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Turner</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, Walter 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.

Walter Lane SIGNATURE OF RECRUIT.  
1.5.18 James Stewart Signature of Witness.

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

I, Walter 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 1 day of May 1918.

Signature of Attesting Officer James Stewart

### 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 May 1 1918

Place St John's

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).....



C.R. 4847

Extract from Daily Orders Part II Unit the Royal WFLA.  
Regt. St. John's, July 10th, 1919.

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

4847 Pte. Walter Lane.

C.R. 4847

Extract from Daily Orders Part II Unit Royal Newfoundland Regt.  
Dated June 13th 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effects from 23/6/19.

4847, Pte. Walter Lane.

C.R.

4847

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

Date 12-6-19

4847 Pte. Walter Lane

Reported at Headquarters

1-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4847

Extract from telegram from Syn. to Mil. dated July 8th.  
1919.

Remittances received as follows have not been paid -  
soldiers repatriated you can adjust:-

4847 Lane. £6.3.0.

C.R. 4847

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

4847 Pte W. Lane

Embarked for Overseas with draft 11-6-18.

C.R. 4847

Extract from Daily Orders p rt 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 2nd, 1918.

#4847 Pte. Walter Lane.

Attested for General Service with the Royal Nfld. Regt. from  
1/5/18.



W. Lane.

4847

P. + P. 10





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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Lumberman*  
 2. Regtl. No. *4847* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Laur* *Walker* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday. *27*  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service (b) Date of Discharge ;  
 (c) on duty (d) off duty ? (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

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

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

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

15. What is his present condition ?

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

*The complain of the disability*

16. Was an operation performed ? If so, when and what was its nature ?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

*Repatriation*

*U.S. Procunier* *Capt RAME*

Station ... *Mazley Brun*

Medical Officer in charge of case.

Date ... *8/14/19* .....

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



No. 16240/1755

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

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

October 9th, 1918

Oct. 16<sup>th</sup> 1918

Subject: 4847, Pte. W. Lane,

With reference to the following telegram (8636) from the Hon. Minister of Militia, received

Receipt hereunder.

N. Barton LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg.        Batt'n  
Royal Newfoundland Regiment

"Pay to 4847, Pte. W. Lane, £4.0.0.

Received the sum of £40-0

Fourpounds on account of  
cable remittance from Newfoundland.

Draft £ 4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Walter Lane

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

No. 4847 Rank Pte.

Witness

E. Manning

No. 3190/481.



N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & <sup>5</sup> i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
25, Victoria Street,  
London, S.W. 1.

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

*P.D. 26/2/19*  
25th February 1919

4847. Pte Lane W.

March 3<sup>rd</sup> 1919

With reference to the following  
telegram from the Minister of  
Militia / / ( 48 )

Receipt hereunder.

"Pay to-4847. Lane.

*Received by*  
*for* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£5.0.0.

Cheque £ 5.0.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Received the sum of £5.0.0.  
Five Pounds. in respect of  
telegraphic remittance from the  
Minister of militia.

*W. Lane*

Chief Paymaster & O. i/c Records.

W Lane  
No. 4847 Rank Pte.  
Witness Geo. Perry S/c

No: 7569/1490

*A Co. 1st*

N.F.P. 470.

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 Batt. Ryl. Nfld. Regiment  
Winchester.

*Worke*

16th May 1919

\_\_\_\_\_ 1919.

4847 Pte. W. Lane

Receipt hereunder.

Officer Commdg. \_\_\_\_\_ Batt'n.

With reference to the following telegram from the Minister of Militia / 7/19 ( 189 ):

"Pay to 4847 W. Lane  
£6. 3. 0.

Received the sum of \_\_\_\_\_

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

\_\_\_\_\_ in respect of telegraphic remittance from the Minister of Militia.

*W. A. ...*  
Chief Paymaster & O. i/c Records.

No. \_\_\_\_\_ Rank \_\_\_\_\_

Witness: \_\_\_\_\_



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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.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
1847	Pte	Lane W.	\$2.50	W. Lane

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

W. Lane

date

July 1/18

The Chief Paymaster,  
Royal Nfld Regt.,  
London.

Ref. attached.

Postal Draft for 4847 Pte Lane is returned as this  
man proceeded to Newfoundland on the 22nd May.

Hazeley Down Camp,  
Winchester.  
8-6-19.

*J. Barton*  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
LIEUT. COLONEL.

NEWFOUNDLAND CONTINGENT.  
PAY & ACCOUNTS OFFICE  
4123  
10 JUN 1919

Lane, W.

4847

Ray sept.

July 8, 1919

#4847 Pte. Walter Lane,

Tilting,

Nogo

Dear Sir:-

Referring to your application I enclose  
cheque for seventy dollars (\$70.00), being amount  
of first payment due you on account of the war  
service gratuity.

Yours truly

Captain,  
Paymaster & U.I.'s records.

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... *Walter* ..... 2. Surname... *Lane* .....

3. Rank... *Pvt* ..... 4. Regtl. No... *4847* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Walter Lane Tilting Logo* .....

6. Date of enlistment in the Regiment... *May 1 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge... *Mary A Broder* .....

8. Relationship of such dependents.....

9. Address in full of such dependents... *St Brendons Bonavista Bay* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Overseas From May 1/18 to June 9/19* ..... 1  $\frac{1}{2}$  .....



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.

.....  
.....

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.

.....  
.....

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?.....

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

.....  
.....  
*June 9/19*  
*Temporary*  
*Neurotization*

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

.....  
.....  
*No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

.....  
.....  
*No*

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

Walter Lane

Signature of Applicant:

Place of Residence:

*Silburg, 7640*

Declared before me at:

*St. Johns, Nfld*

This

*9th*

day of

*June*

19*44*

Signature of Barrister of the  
Supreme Court, Stipendiary Magistrate,  
Notary Public, Justice of the Peace,  
or Commissioner of affidavits.

*John M. McCarthy*

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

July 7, 1919

#4847 Pte. Walter Lane,

Tilting,

Fogo Dist.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2748.

Yours truly

Captain  
Paymaster & O.i/c Records



The Royal Mfld. Regiment

DEMOBILIZATION

No. 4847 Rank \_\_\_\_\_

Name Lane W \_\_\_\_\_

Warned for demobilization on

JUN 9 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4547 Rank Pte Name Lane W.  
 Intended place of residence St. Brendan's  
 2. Occupation Disterman  
 Classification of soldier E Medical Category A3

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 JUN 9 1919 J. M. [Signature]  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St. John's  
Walter Lane  
 Signature of soldier  
J. D. [Signature]  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date JUN 9 1919  
Walter Lane  
 Signature of soldier  
W. J. [Signature]  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military  
 Discharged from service JUN 23 1919 plus 14 days Service 433

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S  
R. J. [Signature]  
 Officer i/c Discharge Depot  
 The Royal Newfoundland Regiment  
 Date JUN 23 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St. John's  
 Date July 7 1919  
M. Bowley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

A.P. 2079/2748

# The Royal Newfoundland Regiment

Class for Demobilization: *7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *4847*

Name *Capt. Wallin*

Address *Sitting*

Present Medical Category *A-1*

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

Members of Board

*R. H. [Signature]*  
O.C. Discharge Depot.

*[Signature]*  
Senior Medical Officer

*[Signature]*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 11807 Rank Pvt. Name Lance Walcott  
 Date of Enlistment 1-2-18 Address St. Bonifant District Bona Vista  
 Occupation Drum Major Classification for Discharge 17 Medical Category H.1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 7-6-19 ..... O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Walter Lane

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 [Signature]

Date 9-6-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *To home* to his home  
 at *Tilting* and Release Certificate No. *2512* issued.

Date *9-6-19* *J.A. Shaw Capt*  
 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 *7-7-19*

Date *9-6-19* *J.A. Shaw Capt*  
 Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	<i>1/2 Form 13</i>
E 178	W 3494	B 122	Board 1st	" 2	
R 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 *9-6-19* *J.A. Shaw Capt*  
 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**

**JUN 23 1919**

Date ..... *R.H. Sait Capt.*  
 O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

*To Resume former Occupation*

*176 Lane*

Signature of Man.

Reg. No.

*4847*

*J. A. Shawloff*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

**JUN 9 1919**

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Lumberman*
2. Regtl. No. *4847* 3. Rank. *plts* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lane* *Walter* (a) Former Regts. or Corps. with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .....                  | ✓                   |                   |
| (ii.) Previous active service .....                        | ✓                   |                   |
| (iii.) Climate in pre-war service .....                    | ✓                   |                   |
| (iv.) Ordinary military service before the war .....       | ✓                   |                   |
| (v.) Serious negligence or misconduct on the man's part. } |                     |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

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

15. What is his present condition ?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*See Complaint of no disability*

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

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

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

*Repatriation*

*W. E. Procunier, Capt. Rame*

Medical Officer in charge of case.

Station *Mazelyboun*

Date *4/4/16*

\* 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.



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

# MEDICAL HISTORY

Surname Lane OF Christian Name Walter

Table I.—GENERAL TABLE.

Birthplace:—Parish St Brendan's County Wfled

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1 <sup>st</sup> day of <u>May</u> 191 <u>8</u>	<u>St John's</u>	day of	191 <u>6</u>
Declared Age	<u>30 1/2</u> years	— days	years	days
Trade or Occupation	<u>Lumberman</u>			
Height	<u>5</u> feet	<u>5 1/2</u> inches	feet	inches
Weight	<u>125</u> lbs.			lbs
Chest Measure-ment	Girth when fully expanded... <u>35</u> inches		inches	
	Range of Expansion... <u>4</u> inches		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	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.			Medical Officer.
Enlisted	at <u>St John's, Wfled.</u>		at	
	on <u>1<sup>st</sup></u> day of <u>May</u> 191 <u>8</u>		on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal Wfled Regt.</u>	<u>4847</u>		
Transferred to				
Became non-effective by	on	day of 191	on	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 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 *Walter Lane*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *4647*  
 Intended address *Tilting Foxg.*  
 Height on discharge *5 Feet 7*  
 Color of hair on discharge *Light*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks \_\_\_\_\_  
 Figure on discharge *Normal*  
 Christian name of Father *Bernard*  
 Christian name of Mother *Julia*  
 Wife's maiden name in full \_\_\_\_\_  
 Date and place of marriage \_\_\_\_\_  
 Christian names of children \_\_\_\_\_

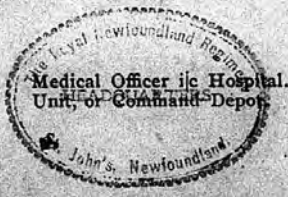
Place and date of soldier's birth *Tilting Dec. 14, 1891*  
 Nature and locality of civil employment required \_\_\_\_\_

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) *Walter Lane* (Rank) *Pte*  
 Station **ST. JOHN'S.** Date *5-1-19*

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

Station \_\_\_\_\_ Date \_\_\_\_\_







RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name.....

Date.....

Place.....



The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 1507 Rank Plt Name Lance Watted  
 Date of Enlistment 1-5-18 Address St. Bonifacio District Bonaville  
 Occupation Gunberman 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 7-6-19 O. C. Discharge Depot Mus H

## PARTICULARS FOR DEMobilIZATION

## 1. Civil Re-Establishment.

I am 1 in a position to resume civilian occupation.

Walter Lane

1507 passed to Vocational Officer for information and action.

Date .....

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$600

(b) Clothing Supplied Callaghan

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *To home* ..... to his home  
 at *Selbring* ..... and Release Certificate No. *2512* issued.

Date *7-6-19* .....

*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 *1-1-19*

Date *7-1-19* .....

*J.A. Snowball*  
 Depot Paymaster.

Discharge approved for *23-6-19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 288	B 121	N.F. Med	D.F. 1	1 2 Form B3
F 178	W 3494	B 122	Board 1st	" 2	
F 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 *9-6-19* .....

*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 *JUN 23 1919* .....

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

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

Date *June 19/19* .....

*J.A. Snowball*  
 Demobilization Officer.



Reg. No. *7547* Rank *Pvt* Name *Lane, G.*

Attested ..... Address *St Andrews*

ment ..... Allottee .....

of Allotment. *Cassian* Returned from Overseas *1.6.19.*

Returned on S.S. *Cassian* Cause *Discharge*

*7-6-19*

**PASSED TO DEMOBILIZATION OFFICER**

*23-6-19*

**DISCHARGE APPROVED ON DEMOBILISATION.**

Postal Department, Newfoundland.

C.R. 4847

Post Office at Badger

Feb. 19<sup>th</sup> 1920.

Miss Mabel Dept.  
St. John's.

Dear Sir - I am enclosing  
herewith a letter for  
En Ple. Lane. It has  
been opened by mistake  
I cannot locate this

Party. Yours Very Sincerely,

W. Lawrence  
Wm