



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5555 Name Charles Langdon Corps Mount

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Charles Langdon
- 2. What is your full Address? 2. Queens Lane No 10
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 34 Years Months
- 5. What is your Trade or Calling? 5. None
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. No

I, Charles Langdon 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, Charles Langdon 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 30th day of May 1915

Signature of Attesting Officer Ch. D. ...

†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).....



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5555 Name Charles Langdon Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Charles Langdon</u> |
| 2. What is your full Address? | 2. <u>Jacksons Lane No. 4</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>30 1/2</u> Years .. Months .. |
| 5. What is your Trade or Calling? | 5. <u>no Carpenter</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, Charles Langdon 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.

Charles Langdon SIGNATURE OF RECRUIT.
J. M. Stearns Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Charles Langdon 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 30th day of May 1915
 Signature of Attesting Officer Ch. Dicks 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

515551

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

Name Charles Langdon
 Apparent age 30 years 0 months. Height 5 feet 6 3/4 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sarah Langdon
Jacksons Lane, 115B | Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-5-18</u>									
Joined at <u>St Johns</u> on <u>Nov 31-1918</u>									
<u>Discharged at St Johns: Nov 29/1918.</u>									
<u>Embarked St Johns S.S. Columbella to Halifax N.S. 22-7-18</u>									
<u>Admitted Military Hospital "Hazelton" 22-8-18</u>									
<u>Discharged to duty Newcastle 9-9-18 "73 King" then changed to unit 5 10/18</u>									
<u>Sent to RFB for demobilisation discharge 16-10-18</u>									
<u>Attached to strength 8-11-18</u>									
<u>Discharged medically unfit 29-11-1918</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-11-18 [date of discharge] 183 years 183 days
 " " Pensions " " " " " " " " " " " "

C.R.

Extract from Daily Orders, Part II, UNIA: The Royal Field. Art.,
dated Dec. 10th. 1918.

STRENGTH DECREASES.

5555 Pte. Chas. Langdon

Having been found Medically Unfit is Discharged 29/11/18.

C.R. 5555

Extract from Daily Orders part 11, Depot. Gt. John's
dated Nov. 14th., 1918.

The undermentioned returned from overseas and reported
at depot 6/11/1918.

#5555 Pte. O. Langdon.

C.R. 5555

Extract from Menial Roll of Repatriation Draft, Embarked
for Newfoundland, 16-10-18.

DISCHARGED UNDER A.F. B.179.

5555 Pte. Langdon C.

MI.

C.R. 5555

Extract from Medical Board held Friday Nov. 16th, 1918.

5555 Pte. C. Langdon.

Recommended discharge Permanently unfit and
admission to Jensen Camp

MI.

C.R. 5555

Extract from Telegram to Military St. John's, dated October 17th., 1918.

Being sent home for discharge:

5555 Langdon.

C.R.

555

Extract from Daily Orders part 11, from Unit The Royal
H.A. Regt. St. John's, dated July 25, 1916.

The following man embarked for overseas on H.M.S.
"Columbella" July 23, 1916

#5555 Pte. Charles Langdon.

C.P. 5555

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 15th, 1918

#5555 Pte. H. Langdon

Attested for General Service with the Royal Nfld. Regt.
from 31.5.18

Duplicate

Medical Report on an Invalid.

Station Hezleydown Camp
Date 5-10-18

1. Unit Royal N.F.L.C.
2. Regimental No. 5-5-5-5
3. Rank Plt
4. Name Sanger Charles

5. Age last birthday 30
6. Enlisted { on 31 May 1918
at St Johns N.F.L.C.
7. Former Trade { Carpenter
or Occupation

8. Disability.

J.B. Lung.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal diseases.

9. Date of origin of disability. 2

10. Place of origin of disability.

Hezleydown Camp Winchester

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

since joining depot he has been continuously sick he first developed mumps and later a chronic cough and for both was sent to Hush from which he has been discharged for repatriation aggravated by strain of military service conditions constituted

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

N 4

13. What is his present condition?

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

He is pale has chronic cough losing flesh. F-B. found in sputum

14. If the disability is an injury, was it caused

N y

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

N y

- If so—(a) When?
- (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

N y

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

N y

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

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

Discharge as permanently unfit for military service

W. C. R.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

+ Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165. Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Wt. 150 lb
Accompanied at least a per
left bronchial breathing
Had pleurisy 7 years ago
This illness began shortly after
joining. Consumption in his family
Due to exposure in a weak
Constitution*

21. Has the disability been aggravated by

- (a) Intemperance? *no*
- (b) Misconduct? *no*
- (c) Any of the conditions mentioned in Question 20, and if so which?

22. Is the disability permanent? *no*

23. If not permanent, what is its probable minimum duration?

To be stated in months

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Total while in Hosp.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend


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

Signatures:—

[Signature] _____ President.

Station *Splous*
Date *Nov 15 1918*

[Signature] }
[Signature] } Members.

Approved
Station _____
Date _____


[Signature]
Administrative Medical Officer.

Medical Report on an Invalid.Station Hazeley Down CampDate 5 - 10 - 18.

1 Unit	ROYAL NEWFOUNDLAND	5. Age last birthday	30.
2. Regimental No.	5555	6. Enlisted	{ on May 31st. '18. { at St. John's, Nfld.
3. Rank	Private	7. Former Trade	
4 Name	LANGDON, CHARLES		

8. Disability.

T. B. LUNG.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability. **Hazeley Down Camp, Winchester.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Since joining Depot he has been continuously sick. He first developed mumps and later a chronic cough and for both was sent to Hospital, from which he has been discharged for repatriation.

12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

Aggravated by strain of military Service conditions. Constitutional.

13. What is his present condition?

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

He is pale, has chronic cough, losing flesh. T. B. found in sputum.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

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

**Discharge as Permanently Unfit
for Military Service.**

J. StP. Knight, Capt. R.A.M.C.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165. Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate or (iii.) ordinary military service.
- Pulse 96. Weight 150 lbs.
Accompaniments at right apex
left bronchial breathing.
Had pleurisy 7 years ago. This illness
began shortly after joining. Consumption
in his family.
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?

Due to exposure in a weak constitution.

21. Has the disability been aggravated by

- (a) Intemperance? No
- (b) Misconduct? No
- (c) Any of the conditions mentioned in Question 20, and if so which? No

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, or total incapacity.

Total while in hospital.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

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

Signatures:—

N. S. FRASER.

President.

Station St. John's

J. SINCLAIR TAIT.

} Members.

Date Nov. 15th '18.

L. PATERSON, Major.

Approved.

Station

(Sig) CLUNY MACPHERSON, Major.
Administrative Medical Officer.

Date



Dec. 12th. 18.

Pte. Charles Langdon,
Carboursar.

Dear Sir,-

I enclose herewith Civilian clothing
guarantee which kindly fill out and return to this
office, and on receipt of which I will forward you
a cheque for \$60.00

Yours truly,

Capt.
Paymaster & Officer i/c Records.

Enclosure 1.

COPY.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Langdon Christian Name Charles

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Jacksons Cove MSB County Wld

Examined ... { on 31st day of May 1918.
at St Johns

Declared Age ... 30 years ... days.

Trade or Occupation ... Carpenter

Height ... 5 feet, 6 3/4 inches.

Weight ... 141 lbs.

Chest Measurement { Girth when fully Expanded. 37 inches.

{ Range of Expansion 4 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number / 1 Scar

When Vaccinated ... 10 years ago

Vision ... { R.E.—V = 6/6
L.E.—V = 4/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Spd Lamont Paterson
(Rank) Major Medical Officer.

Enlisted ... { at St Johns
on 31st day of May 1918.

Joined on Enlistment ...	Corps.	Regtl. No.
	ROYAL NEWFOUNDLAND REGIMENT.	5555
Transferred to ...		

Became non-effective by ...
on ... day of ... 191 ...

(Signature) _____
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks be use. subsec given
	Day	Month	Year	Day	Month	Year			
<i>Hazeley Down</i>	<i>22</i>	<i>8</i>	<i>18</i>	<i>9</i>	<i>9</i>	<i>18</i>	<i>Mumps</i>	<i>18</i>	<i>Disch</i>
<i>Hazeley Down</i>	<i>18</i>	<i>9</i>	<i>18</i>	<i>5</i>	<i>10</i>	<i>18</i>	<i>Influenza</i>	<i>17</i>	<i>Still in last repatri</i>

Sick List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to duty

*Sgt C St Mirian
Capt Ranc*

Still has chronic cough & has lost 1 lb wt. in last week Discharged to unit for repatriation T B found in sputum

*Sgt C St Mirian
Capt Ranc*

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
1-6-18	Vacc LP
13-6-18	Inoc LP
20-7-18	TAB LP
5-10-18	<p>Boarded Hazelby Down Camp Marked E Category Tubercle of Lung' (Duty. M. G. W. Carter) (Sgd) J. P. Knight Capt Adams</p>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

C. Langdon

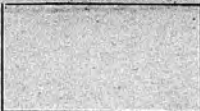
C.R. 5555

~~1885~~

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. 5555 Army Rank Private

Name Langdon Charles
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

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 _____

Place of discharge _____

1. Description at the time of discharge.

Age _____ years _____ months

Height _____ feet _____ inches

Chest measure { girth when fully expanded _____ ins.
range of expansion _____ ins.

Complexion _____

Eyes _____

Hair _____

Trade _____

Descriptive marks.

Intended place of residence (To be given as fully as practicable) _____

COPIES SENT		
To	No	DATE
M. OF M.	<u>16608/68</u>	<u>15 OCT 1918</u>
O.C. 1st. BN.		
" 2nd BN.		

(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 _____

(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 No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

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. 2088 has been issued to*

* Strike out if not applicable.

[OVER.]

Medical Report on an Invalid.

Station Hayley Down Camp
 Date 5.10.18

- 1. Unit 1st Royal Flying Corps
- 2. Regimental No. 5555
- 3. Rank Pte.
- 4. Name LANGDON, Charles.
- 5. Age last birthday 30
- 6. Enlisted { on 27th May 1918.
at 8th Bn.
- 7. Former Trade or Occupation } Cook
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge. } in.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Tubercle of lung.

COPIES SENT		
To	No.	DATE
M. of M.	<u>16608/168</u>	15 OCT 1918
O.C. 1st Bn.	<u>16608/168</u>	
2nd Bn.	<u>16608/168</u>	

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. ?
- 10. Place of origin of disability. Hayley Down Camp. Wincob.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Since his debut he has been continuously sick. He first developed this on late active camp, and shortly afterwards he broke down, from where he has been discharged for repatriation.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
Aggravated by strain of active service conditions.
Constitutional
in.
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*He is pale, he chronic cough,
long flesh; TB found in spleen.*

13. What is his present condition?

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

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

no.

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

no.

16. Was an operation performed? If so, what?

no.

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

no.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

no.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

no.

20. Do you recommend—

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

Discharge as permanently unfit for military service

W.K. Caplan

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

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

MEDICAL HISTORY

Surname Randall OF Christian Name Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish Jacksons Cove, Nfld County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31 st	May		1918
	at	St. John's.	at	
Declared Age	30	years		days
Trade or Occupation	Carpenter.			
Height	5	feet	67 1/2	inches
Weight	141	lbs.		
Chest Measurement	Girth when fully expanded	34		
	Range of Expansion	4		
Physical Development				
Vaccination Marks	Right		Left	1 Scar.
	Number			
When Vaccinated	10 years ago.			
Vision	R.E.—V=	6/6	R.E.—V=	6/6
	L.E.—V=	6/6	L.E.—V=	6/6
(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>Tamm Paterson</u>			
(Rank)	Major			
Enlisted	at	St. John's	at	
	on	31 st day of May	on	day of 1918
Joined on Enlistment	Corps.	Royal Nfld.	Corps.	
	Regtl. No.	Regiment.	Regtl. No.	5555
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

COPIES SENT		
To	No.	DATE
M. OF M.	10608/108	15 OCT 1918
O.C. 1st. BN.		
" 2ND. BN.		

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
Hazeley Down	22	8	18	9	9	18	Mumps	18	Disch'd
Hazeley Down	18	9	18	5	10	18	Tubercle of Lung	17	Still has in last hepatic

ital or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to duty.

CS Privan

CAPT., R.A.M.

Still has chronic cough & has lost 1 lb wt in last week. Discharged to unit for repatriation T.B. found in sputum

CS Privan Capt R.A.M.

[P.T.O.]

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
Hazeley Down	22	8	18	9	9	18	Mumps	18	Disch
Hazeley Down	18	9	18	5	10	18	Tubercle of Lung	17	Still has in last departh

al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer,

Discharged to duty.

GS Nivian

CAPT., R.A.M.C.

*Still has chronic cough & has lost 1 lb wt
in last week. Discharged to unit for
repatriation T.B. found in sputum*

GS Nivian Capt R.A.M.C.

FORM K

No. 4120 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Langdon, Regl. No. 5555 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 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins July 18.

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4299, Mother, Mrs Sarah Langdon, Jackson Cove, N. D. Bay, 60. Total Allotment, \$ 60.

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. J. A. James, Officer Commanding D. Company, St John's, June 1918.

(Sig.) Charles Langdon (Rank) Private

LAST PAY CERTIFICATE

OFFICE COPY

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 5355 Rank Private Name C. Langdon Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 16/10/18 Authority Part 7 Order Cause

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS	\$			E			S			D		
Balance Dr. from												
Allotment 19 days @ 60 ^s	11	40		1	2	6					10	
Cash Payments:												
5-10-18						1						
14-10-18						1						
Other Debits:												
Total Debits						14	6				10	
Balance due by Paymaster						13	0				6	
						17	7				14	
PARTICULARS	\$			E			S			D		
Balance Cr. from <i>Previous Pay Book</i>												
Pay 19 days @ \$ 1 ⁰⁷											19.07	
Field Alice 19 days @ \$ 10 ⁷ 1 ⁹⁹	120	90									145	
Other Alices days @ \$												
Other Credits:												
Total Credits											1774	
Balance due to Paymaster											1774	

PERIOD: From 17/9/18 to 16/10/18

COPIES SENT	
TO	DATE
M. of M.	21/10/18
O.C. 1st Lt.	16/10/18
O.C. 2nd Lt.	16/10/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

D. Company
H. D. Camp Winchester (Place) Oct. 16, 1918 (Date)
W. H. Long Cap. O.C. "D" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, 28 Oct 1918 1918
 Chief Paymaster & Officer 1/c Records.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A and D of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W.(T), P, or P.(T) of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B and C, completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

Part A. of Army Forms W, W.555, and W.3463a are to be filled in at the same time by using the same paper.

Part B. and C. are to be seen and signed by the Officer i/c Records.

Part C.

Soldier's Name Langdon Charles
(Surname) (Christian name in full)

Unit from which discharged 2nd Bn R. Newfoundland Regt.

Regimental Number 5555 Rank on discharge Private Age on discharge 30.

Married, widower with children, or single No.

Occupation before enlistment Carpenter.

Special qualifications (if any) for employment in civil life } Carpenter & Drafter.

Nature and locality of employment desired Carpenter in United States.

Full postal address to which proceeding on discharge } Charles Langdon Jackson Cove N.S. Prov
Nfld.

Name of Approved Society (if any) None

PART B.	Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
						India	
					South Africa		
	Disallowed						
	Service towards pension						

Number of G.C. badges medals

Wounds and actions in which received

PART D. Where born (parish, town and county), and date

Colour of hair on discharge Brown Colour of eyes Brown Complexion Fair

Christian name of father Thomas

Christian name of mother Sarah

NOTE.—Army Forms D. 400 and W. 3463a are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Langdon Charles
(Surname) (Christian names in full)

A. Unit from which discharged 22nd Bn R. Newfoundland Regt.
 Regimental Number 5555 Rank on discharge Pte Age on discharge 30.
 Married, widower with children, or single no.
 Occupation before enlistment Carpenter
 Special qualifications (if any) for employment in civil life Carpenter & Draper.
 Nature and locality of employment desired Carpenter in British Isles
 Full postal address to which proceeding on discharge Charles Langdon Jackson Cove N.W. Ism.
 Name of Approved Society (if any) no. W.P.O.

PART B. Nature of medical unfitness _____

Service with Colours _____ years _____ days, of which _____ years _____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 ____.

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

RECEIVED
16 SEP. 1918
COUNTY LAB.

Outfit Number..... 1283

Result of the examination of the specimen of..... *Specimen*..... taken from

Reg. No. 5555 Rank *Pfc* Name..... *Longdon*

Corps..... *2nd Batten R Newfoundland Regt*

Result..... *Tubercle bacilli Found*

16th Sept 1918

Wm L. Kame.T.
for Specialist Sanitary Officer.

TO BE LEFT BLANK.

Langdon, C

5555

Sept.

5555 Pte. L. Langdon
C. Clothing \$60⁰⁰
ch. 6503



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 *Langdon, Charles*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5555*
 Intended address *Jackson's Cove, N.S.B.*
 Height on discharge *5* Feet *7"*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Brown*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father
 Christian name of Mother *Sarah*
 Wife's maiden name in full *-*
 Date and place of marriage *-*
 Christian names of children
 Place and date of soldier's birth. *Jackson's Cove, April 18, 1888.*
 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)

Charles Langdon

(Rank) *Pte*

Station

St. John's

Date

Nov 13th 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.

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

Station

St. John's Refld.

Date

Nov. 13/18.

LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 5555 Rank Private Name S. Langdon Unit ROYAL NEWFOUNDLAND REGT. who was Refracted
to Newfoundland on 16/10/18 Authority Pay & Order Cause _____

DR.

STATEMENT OF ACCOUNT

CR.

PARTICULARS	\$			E s d			PARTICULARS	\$			E s d			
Balance Dr. from							Balance Cr. from <u>Previous Pay Book</u>				1	3	1	5
Allotment 19 days @ 60 ⁰	1	11	40	2	6	10	Pay 19 days @ \$ 1.00							
Cash Payments:							Field Allowance 19 days @ \$1.00	1	20	90	14	5	11	
5-10-18				1			Other Allowances days @ \$							
14-10-18				1			Other Credits:							
Other Debits:														
Total Debits				1	4	6	10	Total Credits			1	7	7	4
Balance due by Paymaster				1	3	0	6	Balance due to Paymaster						
				1	7	7	4				1	7	7	4

PERIOD: From 27/9/18 to 16/10/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

S. Company
H. D. Campbell (Placed) 27/10/18 (Date) 1918
O.C. "S" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, 191
Chief Paymaster & Officer i/c Records.

Handwritten initials and date

Jackson's Cove
12/2/19.

Capt. J. M. Howley
Dear Sir: -

I am sorry that owing to
an oversight I failed to return the
two slips which I am now enclosing
Hope you will pardon the
delay

Yours Truly
S-S-S-S - Ex Pt Charles Lorydon

Certificate to be signed by the Soldier on date of 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 Nov. 29th 1918.

5555 E. Pt
Sig. of Soldier Charles Langdon

Place Jackson's Cove

Sig. of Witness Jonathan Langdon

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 5555 Rank. Pte Name E. Langdon

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00 ^{xx}

Date Feb 20 1918 5555 Ex Pte Charles Langdon

Signature of Soldier

Jonathan Langdon
Signature of Witness

Kindly sign and return this Form
at your convenience.

COPY

October 18th., 1919.

To:- B. P. C.

5555, Ex-Pte. T. Langdon.

Please note that the marginally noted was DISCHARGED
from Jenson Camp OCTOBER 18TH., 1919.

A. M. B.

AMB.

W. H. JACKMAN

CUSTOM TAILORING, CLEANING, PRESSING AND GENTS' FURNISHING



39 WATER STREET WEST
2 DOORS EAST R. N. CO'S. STATION

ST. JOHN'S, NFLD. *9/27/19* 191

MR. *Capt. Jas. Morley*

ADDRESS *Windsor*
city

*Enclosed please find
B P for your services
will you please have
same attached to
Loloye
W.H.J.*

W. H. JACKMAN,

39 WATER STREET, WEST,
2 DOORS EAST RAILWAY STATION.

Phone 795.

P. O. Box 186.

Custom Tailoring, Cleaning and Pressing, Gents' Furnishing.

ST. JOHN'S, NFLD., *June 24/19* 191

MR. *Re Chris Langdon*

ADDRESS *Jensen Camp*

Date	Description	Amount	Total
/	<i>Quit</i>	<i># 65⁰⁰</i>	
	<i>Signed</i>		
	<i>5555 Charles Langdon</i>		
		<i>27</i>	

S MALL Accounts carried over from month to month entail much work and expense, their triviality causing them to be overlooked or put aside, to avoid which we would respectfully ask you to settle the above amount and greatly oblige.

We give our personal attention to all orders received in our Cleaning and Pressing Department.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 65⁰⁰ —

July 29 1919

Received from the First Newfoundland Regiment
the sum of Sixty five — Dollars.
on account of Pay. W.S.Y.
balance

Paid W.A. [unclear]
[unclear]
Regtl. No. Rank

Ch. No. 4002	Initials [unclear]
Pay Ledger 397	Initials [unclear]
Gen. Ledger	Initials

F. C. [unclear]

No. 5555

Rank Pt

Name Chas. Langdon

W. H. Jackson

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet one

Signature of O. C. Company Asst. Lieut.

Regimental Number and Name		Enlistment		Trade
No.	<u>5555 Langden Charles</u>	Age on	<u>30</u> years <u></u> months	<u>Carpenter</u>
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>21-5-18</u>	Religion
Joined	Date	Period of	with Colours <u>183</u> years.	<u>Meth.</u>
Joined	Date			
Joined	Date	<u>Jackson Cove N.S.</u>		

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
			<u>Medically unfit</u>	<u>St John's</u>	<u>29</u> ¹¹ / ₁₈			



To be carried over.

November 18th, 1918

From Assistant Adjutant
Depot.

To Inspector & Officer i/o Records.
Military Dept.

4147, Pte. H. Walsh
4884, " S. Pollock
5555, " C. Langdon
4890, " J. Strickland
5521, " H. Walsh

The marginally noted men were recommended for discharge as permanently unfit, and assigned to General Camp, by Medical Board, held on Friday, November 15th. I am sending them herewith for your attention, and necessary action please, and have given them verbal instructions to report to the R. M. S. for his attention, after they have finished their business with you.

Yours faithfully,

1918



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Dec. 7th. 1918 191

Officer Commanding,

Headquarters.

Sir,

The under-mentioned men have been discharged on the dates given. Kindly note and post in Daily Orders, Part II.

I have the honour to be,

Sir,

Your obedient Servant,

Sgd.....J.M.Howley,

Capt.

Paymaster & O. i/o. Records.

4202.	Pte.	Wellon, Stewart.	Nov. 29th. 1918.	Med. Unfit.
3236.	"	Pike, Thos	do	do
4123.	"	LeDrew, Edward J.	do	do
5555.	"	Langdon, Chas.	do	do
5395.	"	Coleman, Bartholomew.	do	do
4200.	"	Stickland, James	do	do
4265.	"	Morris, Willis. H.	30th.	do
5662.	"	Verge, Thomas	do	do
5641.	"	Sooley, John	do	do.

Reg. No. *5555* Rank *Pte* Name *Langdon* *D*

Attested Address.....

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

Date of Allotment..... Returned from Overseas *8-11-18*

Embarked for Overseas Cause *Discharge*

*15-11-18 Rec'd his No unfit & admission to Jensen
Camp.*

29-11-18 **DISCHARGED - MEDICALLY UNFIT**