



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6168 Name Joseph Langer Corps CofC

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

1. What is your name? ..... 1. Joseph Langer
2. What is your full Address? ..... 2. Georges Cove Labrador
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 23 Years ..... Months
5. What is your Trade or Calling? ..... 5. Fisherman
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. Yes

I, Joseph Langer ..... 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.

Joseph Langer ..... SIGNATURE OF RECRUIT.  
W. D. Bowden ..... Signature of Witness.

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

I, Joseph Langer ..... 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 St. John's on this 17 day of September, 1918

Signature of Attesting Officer ..... W. D. Bowden

**†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 ..... SEP 18 1918 ..... 1918  
 Place ..... ST. JOHN'S ..... } Approving Officer.  
W. D. Bowden

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Langer  
 Apparent age 25 years ..... months. Height 5 feet 4 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Langer  
Georger Ave | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pensions " _____ [ " " ] _____ " _____ "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6168 Name Joseph Langer Corps CofC

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Joseph Langer</u> .....          |
| 2. What is your full Address? .....  | 2. <u>George C. C. Leabandon</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                    |
| 4. What is your age? .....   | 4. <u>25</u> Years ..... Months .....  |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u> .....              |
| 6. Are you Married? .....  | 6. <u>No</u> .....                     |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....                     |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                    |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                    |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. .... Name .....<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, Joseph Langer..... 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.

Joseph Langer.....SIGNATURE OF RECRUIT.  
W. D. Dowden.....Signature of Witness.

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

I, Joseph Langer.....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 St. John's on this 17 day of September 1918  
Signature of Attesting Officer W. D. Dick 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 SEP 18 1918.....1918  
Place ST. JOHN'S.....  
Approving Officer John King

† 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

6168

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

Name Joseph Langer  
 Apparent age 25 years 0 months. Height 5 feet 4 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Langer  
Georges Ave | 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 _____									<div style="font-size: x-small;">                     Total Service towards Engagement to _____ [date of discharge] _____ years _____ days                      " " Pensions " _____ [ " " ] _____ " _____ "                 </div>
Joined at _____ on _____									

*Discharged St Johns Jan 9/1919.*

C.R. 6168

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
St. John's, Dec. 12th, 1918.

The undernoted man discharges on Demobilization has been approved by O.C. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending confirmation by Officer i/c Records.

6168 Pte. Jos. Langer.

12-12-18.

C.R. 6168

Extract from Medical Board held on Saturday Nov. 30th, 1918.

6168 Pte. J. Langar.

Recommended Discharge - Permanently Unfit.

M.M.

C.R. 6168.

Extract of Daily Orders Part II, dated Jan.10th 1919.

DEMOBILIZATION.

The discharge of the undernoted has been confirmed by  
the Officer i/c Records on noted date.

6168 Pte.Jos.Langer.

Discharged 9-1-19



C.R. 6168

Extract from Daily Orders part 11 Depot, St. John's dated 18/9/18.

#6168 Pte. Jos. Langer,

ATTESTED FOR GENERAL SERVICE WITH THE ROYAL NEWFOUNDLAND REGIMENT,  
17-9-18.



Langer, Joseph

668

Key Joseph.

January 9th., 1919

#6168 Pte. Joseph Langer,  
George's Cove,  
Labrador.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 347."

Yours faithfully,

Captain,  
Paymaster & Officer i/c Records.

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. *62168* Rank *Pvt.* Name *Joseph Sanger*  
 Intended place of residence *Gen. Cos. St. John's*

2. Occupation *Yieldman*  
 Classification of soldier *C.* Medical Category *F1*

3. The above named man is discharged in consequence of *Demobilization*

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

Place *DEC 9 1918*  
 Date *DEC 9 1918* *McNey Capt*  
 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* *9.12.18*  
*Joseph Sanger* *Colt.*  
 Signature of soldier  
*Edwards Capt*  
 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 *St. John's* *7.12.18*  
*Joseph Sanger*  
 Signature of soldier  
*Raymond Sgt*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service *17.9.18* No of days on Military  
 Discharged from service *12.12.18 plus 28 days* Service *115 days*

## 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*  
*DEC 12 1918*  
 Date *DEC 12 1918* *R. H. Sait Capt.*  
 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, Nfld.*  
 Date *January 9/1919*  
*M. Bowley Capt.*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

14  
 31  
 30  
 27  
 9  
 115

2079/347



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6168 Rank Plt. Name Langer Joseph  
 Date of Enlistment 17.9.18 Address George Street District Labrador  
 Occupation Kitchen maid Classification for Discharge E Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating —  
 Passed to Demobilization Officer with following documents:—

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

Date 9.12.18 O. C. Discharge Depot. W. Key Capt

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.  
 I am.....in a position to resume civilian occupation.  
Joseph Langer  
 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 Joseph H. Langer  
 Date 9-12-18 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *246* to his home at *Georgetown, Labrador* and Release Certificate No. *246* issued.

Date *9-12-18* ..... Demobilization Officer *Proctor*

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 *9-12-18*

Date *9-12-18* ..... Depot Paymaster. *Proctor*

Discharge approved for *12-12-18* .....

Forwarded with following documents to O.C Discharge Depot.

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

Date *9. 12. 18* ..... Demobilization Officer. *Proctor*

APPROVED.

Documents as above forwarded to:—  
 Officer i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

**DEC 12 1918**

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

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

Date *Dec. 12/1918.* .....

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

# MEDICAL HISTORY

OF

Surname Dangid Christian Name Joseph

Table I.—GENERAL TABLE

Birthplace:—Parish <u>George's Corr. Sub.</u> County <u>Newfoundland</u>	
<b>SPECIAL RESERVE</b>	
Examined	on <u>17</u> day of <u>Sept</u> 191 <u>8</u> at <u>M. Johns.</u>
Declared Age	<u>26</u> years days
Trade or Occupation	<u>Fisherman.</u>
Height	<u>5</u> feet <u>4 1/2</u> inches
Weight	<u>148</u> lbs.
Chest Measurement	Girth when fully expanded <u>58 1/2</u> inches
	Range of Expansion <u>4 1/2</u> inches
Physical Development	
Vaccination Marks	Right Left
	Number
When Vaccinated	
Vision	R. E.—V= <u>4/6</u> L. E.—V= <u>4/9</u>
	(a)
(a) Marks indicating congenital peculiarities or previous disease	(a)
(b) Slight defects but not sufficient to cause rejection	(b)
Approved by (Signature)	<u>Lammell Carson</u>
(Rank)	<u>Major</u> Medical Officer
Enlisted	at <u>M. Johns.</u>
	on <u>17</u> day of <u>Sept</u> 191 <u>8</u>
Joined on Enlistment	Corps <u>Royal Nfld. Regt.</u> Regtl. No. <u>6168</u>
	<u>M</u>
Transferred to	
Became non-effective by	on day of 191
(Signature)	
(Rank)	

**REGULAR ARMY**





# 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 work at Fishing*

*Joseph Langer* <sup>his wife</sup> *J. L. Suelzer*  
Signature of Man.

*Patrick Kelly*  
Signature of the Vocational Officer or his Representative.

Reg. No. *6168*

Place *St Johns n 7 LD*

Date *9/12/18* 191

Labrador

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—  
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28-11-18

Regimental No. 6168

Name Langar Joseph (Pte)

Address Georges Cove Labrador

Present Medical Category E

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

Proceedings of S.M.B.  
in file

Members of Board

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

Spencer  
Senior Medical Officer

See Burden  
M. O. Depot





**Department of Militia, Newfoundland**  
**Medical Department**

**Medical Report on an Invalid**

NOTES:—

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

**STATEMENT OF CASE**

Station ..... *St. John's* .....

Date ..... *Nov 24/18* .....

- |                                   |   |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>26 years</i>            |
| 2. Regimental No. <i>6168</i>     | 6. Enlisted on <i>Sept 1918</i>                 |
| 3. Rank <i>Pt</i>                 | at <i>St John's</i>                             |
| 4. Name <i>Joseph Langer</i>      | 7. Former trade or occupation <i>Fishermans</i> |

8. Disability

*Influenza & Pneumonia*

9. History *While on leave at Port de Harve was taken sick with Influenza, afterwards developed Pneumonia - ran fever for weeks confined to his house. Reported Headquarters Nov 15<sup>th</sup> 1918 Temp 99. discharged from Barracks Nov 28<sup>th</sup>*

10. What is his present condition?

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

General condition good.  
Does not complain of anything  
the matter with him.  
No accompaniments chest -

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Yes

Signature

*W. H. ...*

Rank or Qualification

*Major*

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

## Opinion of the Medical Board

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

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

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

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

*Yes*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *nil*

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *nil*

(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence *no* (b) Misconduct *no*

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

Remarks if any:—

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

20. We recommend discharge from retention in the Army *permanently unfit*

Remarks if any:—

.....  
President

Signatures..... *Bendavid Datt*  
..... *H. A. ...*

Place *St. Johns*  
Date *Nov 30/18*

APPROVED  
Station .....  
Date .....  


*Cluny Macpherson*  
Administrative Medical Officer



## 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, Joseph.*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *6168.*  
 Intended address *George Cove.*  
 Height on discharge *5* Feet *5*  
 Color of hair on discharge *Dark.*  
 Complexion *Ruddy.*  
 Color of eyes *Brown.*  
 Descriptive Marks  
 Figure on discharge *medium*  
 Christian name of Father   
 Christian name of Mother *Lucey*  
 Wife's maiden name in full   
 Date and place of marriage   
 Christian names of children   
 Place and date of soldier's birth. *George Cove. Oct 5<sup>th</sup> 1892*  
 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) *Joseph Langdon*

(Rank) *Pte*

Station *St Johns*

Date *Nov 24/18*

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.

*Madison*

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

Station

*St Johns*

Date

*Nov 23/18*





# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Nov 23<sup>rd</sup> 1918

Regimental No. 668

Name Burgan Joseph

Address George Ave.

Disease or Disability Influenza + Pneumonia

Finding of last Standing Medical Board, \_\_\_\_\_

held on \_\_\_\_\_ 19 \_\_\_\_\_

Present Condition \_\_\_\_\_

Good

Recommendation Standing Medical Board

Category \_\_\_\_\_

Members  
of  
Board

}	<u>R. H. Lat</u>	O. C. Depot
	<u>H. J. J. J.</u>	D. D. M. S.
		M. O. Depot





THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, Joseph Laining, Regl. No. 6168  
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 <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
concerned, viz.:

Allotment begins November 1st 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7357	Mother	<u>Elizabeth Ann George</u> <u>Mrs Thomas Laining</u>	<u>Georgeburg</u> <u>Francis Bay</u> <u>Labriados.</u>	60.
Total Allotment, \$				<u>60.</u>

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

(Sig.) [Signature]  
Officer Commanding  
Company

(Sig.) Joseph Laining  
(Rank) Private

St Johns  
Sept 27th 1915

# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Adgits on Sept 1918

1. Name Joseph Gange Age (a) Declared 25  
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

Eyes. Brown.  
Corp. Dark  
Mount.

6168

3. Height 5-4 1/2 Weight 145

4. Eyesight (a) Left 6/9 (b) Right 6/10

5. Physical Defects (Examine after strenuous exercise) ?

6. Examination of Lungs ?

Measurement (a) Expiration 34 1/2 (b) Inspiration 38 1/2

7. Examination of Heart ?

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears (Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? No. Elizabeth. George Corro Dale

11. Name and address of next of kin Mother Elizabeth.

REMARKS—

FFH

Archibald  
D. W. Curdew

Medical Examiners.



**ROYAL NEWFOUNDLAND REGIMENT.**

93

Medical Examination Held at *George's Cove Labrador*

1. Name *Joseph Langer* Age (a) Declared *25*  
 (b) Apparent *28*

2. Do you know of anything wrong with you? *no*

What severe illness have you had? *none 6/68*

3. Height *5' 6 1/2"* Weight *164*

4. Eyesight (a) Left *6/6* (b) Right *6/6*

5. Physical Defects (Examine after strenuous exercise)

*None*

6. Examination of Lungs *normal*  
 Measurement (a) Expiration *35* (b) Inspiration *37*

7. Examination of Heart *normal*

8. Examination of Urine *normal*

9. Examination of Mouth—(Defective Speech) *normal*

Teeth *fair*  
 Throat *normal*  
 Nose *normal*  
 Ears—(Deafness, Otorrhea) *good hearing*

10. Have you been successfully vaccinated, and when? *no*

11. Name and address of next of kin  
*Elizabeth Ann Langer  
 George's Cove Labrador*

REMARKS—

We consider this man { *Fit*  
~~Temporarily unfit for Military Service~~  
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B., 10 A, should be filled and attached).

*S.S. Smith*  
 Medical Examiner.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland Regt.*

Signature of O. C. Company

Number of Sheet *One*  
*W. B. Duke* Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	<i>25</i> years months	<i>Freshman.</i>	
<i>6168</i>	<i>Joseph Langford.</i>	Place and Date of Enlistment	<i>St Johns</i>	Religion	
Joined	Date		<i>17.9.18</i>	<i>Cath.</i>	
Joined	Date	Period of	with Colours <i>115.</i> years.	Place of Birth	
Joined	Date		with Reserve <i>365.</i> years.	<i>Georgetown, Barbados.</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St Johns</i>	<i>9 '19</i>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6168 Rank. Plt Name Langer Joseph  
 Date of Enlistment 17.9.18 Address Georges Street District St. John's  
 Occupation Spoken Classification for Discharge E Medical Category E  
 Recommendation S.M.B. Permanently unfit 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 9.12.18

W. Kelly Capt  
O. C. Discharge/Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Joseph Langer

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 Joseph H. Crawford

Date 9-12-18

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 17171* to his home at *Georgias Cove, Labrador* and Release Certificate No. *246* issued.

Date *9-12-18* ..... *Chadwick 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 *9-1-19* .....

Date *9-12-18* ..... *Howley Capt.*  
Depot Paymaster.

Discharge approved for *12. 12. 18* .....

Forwarded with following documents to O.C Discharge Depot.

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

Date *9. 12. 18* ..... *Chadwick Capt.*  
Demobilization Officer.

APPROVED. *h*

Documents as above forwarded to:-  
Officer i/c Records.  
Board of Pension Commissioners.  
with following additional documents.

Date *DEC 12 1918* ..... *R.H. Last Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date *Dec. 12/1918* ..... *Howley Capt.*  
*ayc R*



Reg. No. 6168 Rank *Plt* Name *Langer Joseph (3 boys)*  
Attested *17-9-18* Address *George Lane / Hat*  
Allotment *60* Allottee *(Mother) Mrs Elizabeth Langer*  
Date of Allotment *1-11-1918* Returned from Overseas.....  
Embarked for Overseas ..... Cause.....

*19 9/18 Vacc.*  
*5. Leave 1-10-18 to 10-10-18. to 19-11-18.*  
*20-11-18 Admitted to Barracks Hospital*  
*23-11-18 Discharged from*  
*30-11-18 Forfeits \$18.75 to pay for Loss of Kit bag & Contents*  
*5-12-18 Recommended Discharge Permanently*  
*Unfit*

*10-12-18* **PASSED TO DEMOBILIZATION OFFICER**  
*12-12-18* **DISCHARGE APPROVED ON DEMOBILISATION.**