



# FIRST NEWFOUNDLAND REGIMENT

RL

## ATTESTATION OF

No. 3905 Name James Lannon Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>James Lannon</u> .....               |
| 2. What is your full Address? .....  | 2. <u>Carter's Hill, St. John's.</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                        |
| 4. What is your age? .....   | 4. <u>23</u> years .....                   |
| 5. What is your Trade or Calling? .....  | 5. <u>Seaman</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>Yes, Naval</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 .....                           |
| 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? ..... | II. <u>Yes</u> .....                       |

FOR THE DURATION OF THE WAR

I, James Lannon 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.

James Lannon SIGNATURE OF RECRUIT.  
Chas. O'Keefe Signature of Witness.

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

I, James Lannon 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 6th day of November 1917.  
Signature of Attesting Officer Chas. O'Keefe

### †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 St. John's  
If enlisted by special authority, such will be attached to the original attestation.  
Date.....1917  
Place..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT, ON ENLISTMENT

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

Name James Launoy  
 Apparent age 23 years - months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Launoy Carter's Hill  
 | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

3205



# FIRST NEWFOUNDLAND REGIMENT

PL

## ATTESTATION OF

No. 3205

Name James Lamou

Corps

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

- 1. What is your name? ..... 1. James Lamou
- 2. What is your full Address? ..... 2. Carter's Hill, St. John's
- 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. Seaman
- 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. Yes, Naval
- 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, James Lamou 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.

Wm. H. G. Brown ..... SIGNATURE OF RECRUIT.

Chas. H. Ayle ..... Signature of Witness.

James Lamou OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, ..... 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 answered 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 6th day of November 1915.

Chas. H. Ayle ..... Signature of Attesting Officer

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date ..... 191 ..... } 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

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

Name James Cannon  
 Apparent age 23 years - months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Cannon, Carter's Hill.  
 Relationship Father.  
 Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>6-11-16</u>									<div style="text-align: center; font-size: small;">Signature of Officers certifying correctness of entries</div>
Joined at <u>M. S. S. Co.</u> on <u>November 6<sup>th</sup> '16</u>									
<u>Killed in Action 20-11-17</u>									
<u>Embarked M. S. S. Co. 31<sup>st</sup> 17. Embarked for M. S. S. Co. 11-6-17 disembarked 12-6-17 joined 15th in the field 9-7-17. Admitted 87<sup>th</sup> 24-9-17 joined Base Depot 22-11-17</u>									
<u>Killed in Action 20-11-17</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>20-11-17</u> (date of discharge) <u>1</u> years <u>15</u> days									
Pension " " " " " " " " " " " "									



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

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

Examination of

*James Lannon*

aged

*23 years 0 months* conducted at *B. 408*

Date:

*Nov 5<sup>th</sup> / 16* Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *n*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

*3205*

*yes 14 years ago 2 scars left arm*  
*5'8"*  
*146 1/2*  
*34" 37 1/2"*  
*\$ 20 per month*  
*parents Mr. Patrick Lannon Carter Hill*  
*none*

*JW*

Signature of Medical Examiner:.....

*W. J. Gordon*

J Lannon

3205

P. + R. 6

OFFICE COPY.

Army Form O. 1625.

PAY LIST.

to 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3205

Rank Privats

Name Lannon J

Died (a) Intestate

at France

on the 20<sup>th</sup> of November 1917.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month	90	11	7	Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
191					Messing allowance days at from to			
"					Kit allowance			
"					Amount produced by the sale of Effects from Form 2			
"					Amount of Savings Bank balance, including			
	Consolidated stoppage							
	Balance due by the Paymaster	£	7	6	Balance due to the Paymaster	£	7	6

This account is in accordance with advices received at the Pay & Record Office to 17/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 7-6-7 is correctly chargeable against the Public (b).

Dated at

this

day of



191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office.

(b) Words in Italics to be struck out when there is no debtor balance.

OFFICE COPY.

Army Form O. 1623.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3205

Rank

Privats  
France

Name

Lannon J

Died (a) Intestate

at

on the

20<sup>th</sup> of November 1917.

Deserted at

on the

of

191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop, Battery or Company.)

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month <u>20<sup>th</sup>/17</u>			<u>7 6 7</u>	Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"				Amount of Savings Bank balance, including			
	Consolidated stoppage							
	Balance due by the Paymaster				Balance due to the Paymaster			
		£		<u>7 6 7</u>		£		<u>7 6 7</u>

This account is in accordance with advices received at the Pay & Record Office to 17/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 7-6-7 is correctly chargeable against the Public (b).

Dated at

this

day of



191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office under Army Form B. 2090 or Army Form O. 1815.  
(b) Words in Italics to be struck out when there is no debtor balance.

20  
17/4/18



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

# MEDICAL HISTORY

Surname Lannon

Christian Name James



Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>6</u> day of <u>Nov.</u> 19 <u>16</u>		on _____ day of _____ 19 <u>1</u>	
	at <u>St. John's Nfld</u>		at _____	
Declared Age	<u>23</u> years — days		_____ years _____ days	
Trade or Occupation	<u>Seaman.</u>		_____	
Height	<u>5</u> feet <u>9</u> inches		_____ feet _____ inches	
Weight	<u>146 1/2</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>37 1/2</u> inches		_____ inches	
	Range of Expansion .. <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>None</u>	_____	_____
When Vaccinated	<u>4 years ago.</u>		_____	
Vision	R.E.—V=	<u>6/18</u>	R.E.—V=	_____
	L.E.—V=	<u>6/9</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>Lannon Peterson</u>		_____	
(Rank)	<u>Major</u>		_____	
Enlisted	at <u>St. John's Nfld</u>		at _____	
	on <u>6</u> day of <u>Nov</u> 19 <u>16</u>		on _____ day of _____ 19 <u>1</u>	
Joined on Enlistment	Corps.	<u>3/1st Nfld.</u>	Corps.	_____
	Regtl. No.	<u>2205</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	

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

Date	Brief Details, and Signature
28-11-16	Vaccination RP
7-11-16	} TAB RP
14-11-16	} RP
24-11-16	} 3. RP

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
S. Hengel. Windsor M.	31-1-17	3-2-17			
	3-2-17				



1st. NEWFOUNDLAND REGIMENT / 6

ALLOTMENTS

I, JAMES HARRISON, Regl. No. 3305  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and 50 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 1/1/1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>5178</u>	<u>Mother</u>	<u>Mrs Sarah Ann Harrison</u>	<u>Garboon Hill St Johns</u>	<u>50</u>
			Total Allotment, \$	

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.) Chas R. Ayre Capt.  
 Officer Commanding  
 Company  
27 1916

(Sig.) J. Harrison  
 (Rank)

No 3860



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Lannon, Regl. No. 3205

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 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 Dec 1/16

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3178	Mother	Mrs Patricia Lannon	<del>St John's</del> Carbon Hill St John's	50
			Total Allotment, \$	

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.) Chas. A. Coye Capt.  
Officer Commanding  
St John's  
Company  
Dec 27 1916

(Sig.) J Lannon  
(Rank) Sgt

**FIELD SERVICE.**

Army Form B. 2090A.

REPORT of death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

**ORIGINAL**



REGIMENT OR CORPS } "1st Newfoundland Regt." Squadron, Troop, Battery or Company }

C. Co

Regimental No. 5205 Rank Private.

Surname Lannon. Christian Names \_\_\_\_\_

Died { Date 20/11/17. Place France.

Cause of Death\* Killed in Action

Nature and Date of Report B 213 d/23/11/17.

By whom made O.C. Unit.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, or from exposure or from injury while on military duty.

**DUPLICATE**

COPIES SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.P.38. NO. 14307/153  
21 DEC 1917

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received.  
(c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q., 3rd Echelon, 27/11/17.

Signature of Officer in charge of Section } [Signature]  
Adjutant-General's Office at the Base } 2nd Lt. for Major, Officer 1/c No.1 Infantry Section.

C.R. 3205

Extract of Casualties received from Pay & Record Office,  
London, dated February 4, 1918.

Reported by Rev. T. Nangle C.F. SSP. 2544. Place of Burial  
57 c. W/ 6. a. Auth:- Lists from War Office.

#3205 Pte. J. Lannon.

G.

1st December, 1917.

Dear Sir,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, to-day reports No. 3205, Private James Lannon, Killed in Action on the 20th November.

Sympathetically yours,

Colonial Secretary.

Mr. Patrick Lannon,  
Carter's Hill.

C.R. 3205

GRAVE SITES.

Extract of Casualties received from Pay & Record  
Office, London, dated December 21, 1917.

#3205 Pte. G. Lannon. ✓

Reported by Rev. T. Nangle, C.F. Place of Burial  
Marsoing Copse Cemetery.



C.R. 3205

#3205 Pte. James Lannon.

Extract of Casualty List received December 18<sup>th</sup>., 1917.

Killed in Action November 20<sup>th</sup>.

C.R. 3205-

Extract from Nominal Roll of Draft No. 25 Embarked Southampton 11/6/17  
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland  
Regiment B.E.F.

3205 Pte.Lannon, J.

MP.

BLANDFORD

STATIONERS

C.R. 3205

Extract from Nominal Roll Draft embarked St. John's, per  
S.S. "GRANVILLE" 31/3/17 sailed Halifax 16/4/17.

3205 Pte. Lannan. J.

C.R. 3705

Extract from Daily Orders Part 11 Unit The Royal Rifles,  
Regt. St. John's, Nov. 9/16.

3205 Pte. J. Lannon.

Attested 6-11-16 posted to D.Co., and assigned number as  
shown.

Lannon, J

5205

Ray sept

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 3205

Rank Private

Name Laurion D

Died (a) Intestate at France

on the 20<sup>th</sup> of November 1917.

Deserted at

on the . . . of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month 20.11.17	7	6	4	Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including			
	Balance due by the Paymaster							
		£	7	6	4			
						£	7	6
								4

This account is in accordance with advices received at the Pay & Record Office to 17/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

Balance due to the Paymaster . . . . . 7 6 4

CHECKED.

17/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 7 . 6 . 4 is correct and chargeable against the Public.

Dated at

this

day of



191

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Paymaster's Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 3205

Rank Private

Name Lawson D

Died *intestate* at *France*

on the 20<sup>th</sup> of November 1917.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month	20.11.17	7	6	4	Balance Cr. last month			
	Cash issues (Date of each issue to be stated)					Pay days at from to			
		£	s.	d.		Proficiency, Service or good conduct pay days at from to			
	191					Messing allowance days at from to			
	"					Kit allowance			
	"					Amount produced by the sale of Effects from Form 2			
	"					Amount of Savings Bank balance, including			
	Consolidated stoppage								
	Balance due by the Paymaster					Balance due to the paymaster			
		£	7	6	4				

This account is in accordance with advices received at the Pay & Record Office to 17/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

17/9/18

I hereby Certify that the above account is correct in every particular and that the

debtor balance of £ 7 6 4



NEWFOUNDLAND CONTINGENT.

Dated at

this

day of

17 SEP 1918

191

CHIEF PAYMASTER & OFFICER I/C RECORDS.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Paymaster General, Form B. 7090 or Army Form O. 1615.
- (b) Words in Italics to be struck out when there is no debtor balance.

**DUPLICATE  
MAIL COPY**

Army Form O. 1625

**PAY LIST.**

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**  
 No. **3205** Rank **Private** Name **Laurou. S**  
 Died <sup>(a)</sup> **Intestate** at **France.** on the **20<sup>th</sup>** of **November.** 191**7.**  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 { Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month <b>20.11.17</b>	7	6	4	Balance Cr. last month .....			
	<i>Cash issues</i> (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____ from _____ to _____			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	"				Amount of Savings Bank balance, including			
	Consolidated stoppage .....							
	Balance due by the Paymaster				Balance due to the Paymaster .....	7	6	4
		£	7	6		£	7	6
				4				4

This account is in accordance with advices received at the Pay & Record Office to **14/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

**CHECKED.**

*He.*  
17/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of **£ 7. 6. 4** is correctly chargeable to the **NEWFOUNDLAND CONTINGENT**.

Dated at \_\_\_\_\_

this \_\_\_\_\_

day of \_\_\_\_\_



191

**CHIEF PAYMASTER & OFFICER I/C RECORDS.**

- (a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



**DUPLICATE  
MAIL COPY**

Army Form O. 1625.

**PAY LIST.**

to **191** Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**  
 No. **3205** Rank **Private** Name **Lannon S**  
 Died (a) **Intestate** at **France** on the **20<sup>th</sup>** of **November** 191**7**.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191**7**.

I Certify to the correctness of above in every particular.

( \_\_\_\_\_ )  
 Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month <b>20.11.17</b>	<b>7</b>	<b>6</b>	<b>7</b>	Balance Cr. last month .....			
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____ from _____ to _____			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	"				Amount of Savings Bank balance, including			
	Consolidated stoppage .....							
	Balance due by the Paymaster				Balance due to the Paymaster .....	<b>7</b>	<b>6</b>	<b>7</b>
		<b>£</b>	<b>7</b>	<b>6</b>		<b>£</b>	<b>7</b>	<b>6</b>
			<b>7</b>	<b>7</b>				<b>7</b>

This account is in accordance with advices received at the Pay & Record Office to **14/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

**CHECKED.**  
*etc.*  
**17/9/18**

I hereby Certify that the above account is correct in every particular, and that the debtor balance of **£ 7. 6. 7** is correctly chargeable against the Public.

Dated at \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 191**7**

**NEWFOUNDLAND CONTINGENT**  
 55, VICTORIA ST.  
 LONDON, S.W. 1  
**17 SEP 1918**

**NEWFOUNDLAND CONTINGENT**  
*[Signature]*  
**CHIEF PAYMASTER & OFFICER I/C RECORDS**

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

SEPARATION ALLOWANCE.

Claimant. *Johanna Lannon (Mother)*

*Deceased* on account of *James Lannon* No. *3208* Rank *Pte.*

Decision.....  
.....  
.....  
.....

Date.....

Instructions.....  
.....  
.....  
.....

Allotment of *50<sup>s</sup>* per day payable to *Johanna Lannon*  
his *Mother* from *Nov/16* to *30/4/19*  
Discontinued ~~on account of~~ Pension Board

*L. Pike, P. Sgt.*

## NOTICE.

## ROYAL NEWFOUNDLAND REGIMENT.

IMOTHER.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*James Lamin* Seaman R.N.R. *don't know* *pte 3205*  
*William Joseph Lamin* private *.* *1915/1819*
2. Age of soldier. Married or Single.  
*26* *single*  
*19* "
3. Name in full of mother. Age. Occupation. Permanent Address.  
*Johanna Lamin* *60* *Married woman* *33 Carter's Hill*  
*St. John's*
4. Give name of your husband. Age. Occupation Where Employed.  
*Patrick Lamin* *63* *General work* *General Hospital*  
*St. John's*
5. If your husband is not supporting you state the reason. *His earnings are*  
*unable to support me, he*  
*being unable to do any hard work*
6. If your husband is a chronic invalid and totally incapacitated, state nature of and maledy. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) *not totally*  
*incapacitated*
7. If you are a widow, state date and place of death of your husband. \_\_\_\_\_
8. Have you married again since death of above mentioned husband? \_\_\_\_\_
9. Names of your other children. Address in full. Age. Occupation Married or Single.  
*Agnes Hammond* *33 Carter's Hill* *24* *Married, but*  
*living apart from*  
*husband*

10. State amount earned by (a) Yourself *none*  
(b) Your husband. *\$12 per week*
- 
11. State amount and source of any other income. *No*
- 
12. State value of real property belonging to you and your husband. *No real property*
- 
13. State value of personal property belonging to you and your husband. *No personal property*
- 
14. If husband is dead state value of real and personal property left by him. \_\_\_\_\_
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *about \$300 =  
by each*
- 
16. Was this amount contributed weekly or monthly. *weekly*
- 
17. Did this amount include payment of son's board, etc. *Yes*
- 
18. State your son's trade or occupation prior to enlistment. *Miners*
- 
19. State amount of his wages per week. *average \$11 about  
" \$13 "*
- 
20. State name and address of his last employer. *Mr. James Farrell  
Bell Island  
Matthew Jackson B.I.*
- 
21. State amount of monthly support from son since enlistment. *\$21.00  
\$15.00*
- 
22. State amount of allotment received by you from son since enlistment. *about \$465  
about \$294*
- 
23. State from what date did you receive allotment? *From their monthly pay*
- 
24. Actual amount contributed by other children. *Weekly Monthly.  
None*
- 
25. Are any of these children in the employ of you or your husband? *No*

26. If not receiving support from other children; state cause. Explain fully. *one son away, dont hear from him*

27. With whom are you residing at present? *Husband*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *was unable to get any information about it*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No; but husband and I get \$10 each per month pension.*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

32. In what capacity and in what place? \_\_\_\_\_

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. \_\_\_\_\_

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant... *Johannax Lannier*

Place of Residence... *33 Carters Hill, St. John's*

Declared and subscribed before me at... *St. John's*

this... *9th* day of... *September*, 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *[Signature]*

Signature of member of the Patriotic Fund Committee.

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } James Lammie 1st 3205  
Wm. J. Lammie 1915
2. Name and age of said soldier. } James Lammie 26 yrs  
Wm. J. Lammie 19 "
3. Is said a chronic invalid and totally incapacitated. } J. Lammie, killed in action  
Wm. J. Lammie, did 7 wounds
4. Of what nature is disability ? } Nov 1917 Obesone  
June 1916 Rheumatism
5. From what date has this total incapacity been existent ? } Nov. 1917 Some  
June 1916 there
6. How long is total incapacity likely to continue and what will be the effect on earning power. } Indefinite
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. } 50%
8. Are you the regular attending physician ? } Yes
9. Relationship to soldier of applicant ? } Father

I certify that the above statements are correct.

*W. J. Lammie*.....Place,

*Sept 5th 1915*.....Date.

*W. Campbell*  
.....  
Physician.

SEPARATION ALLOWANCE.

Claimant..... *Lannon, Johannah (mother)*.....

On account of *James Lannon* No. *2205* Rank. *Pte.*

Decision..... *Refused*  
*husband capable of supporting*  
*her*

*W. F. Rudell* *lieut. Col*  
*M. Bowley* *capt*

Date..... *June 4/1919*

Instructions.....  
.....  
.....

Allotment of *50<sup>4</sup>* per day payable to *Johannah Lannon*  
his *Mother* from *1/12/16* to *30/4/19*  
Discontinued on account of *Pensions Board*

*L. P. [Signature]*

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.  
(Separation Allowance Branch )

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*James Lannon* *Co. 11th Regt.* *3205*
2. Age of soldier. Married or Single.  
*28* *Single*
3. Name in full of mother. Age. Occupation. Permanent Address.  
*Shamuel Lannon* *59* *Married* *33 Bartons Hill*  
*Roman.*
4. Give name of your husband. Age. Occupation Where Employed.  
*Patrick Lannon* *67* *Labourer.* *Board of*  
*Trades*
5. If your husband is not supporting you state the reason. *Not wholly*  
*Because of ill health*
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) \_\_\_\_\_
7. If you are a widow, state date and place of death of your husband. \_\_\_\_\_
8. Have you married again since death of above mentioned husband? \_\_\_\_\_
9. Names of your other children. Address in full. Age. Occupation Married or Single.  
*John Lannon* *Bell Island* *18* *Miner* *Single*  
*Agnes (Harwood)* *33 Bartons Hill* *22* *Married* *Roman*



10. State amount earned by (a) Yourself (b) Your husband. *\$20 a day when able to work*

11. State amount and source of any other income.

12. State value of real property belonging to you and your husband.

13. State value of personal property belonging to you and your husband.

14. If husband is dead state value of real and personal property left by him.

15. Actual amount contributed by soldier during the year prior to enlistment. *\$25 pay week (month) (\$300 a year)*

16. Was this amount contributed weekly or monthly. *monthly.*

17. Did this amount include payment of son's board, etc. *No*

18. State your son's trade or occupation prior to enlistment. *Miner*

19. State amount of his wages per week. *About \$10.00*

20. State name and address of his last employer. *Navy Scotia Steel & Coal Co.*

21. State amount of monthly support from son since enlistment. *\$15.00*

22. State amount of allotment received by you from son since enlistment. *\$15.00 - 15.00*

23. State from what date did you receive allotment? *Nov 20<sup>th</sup> 1917.*

24. Actual amount contributed by other children. Weekly Monthly. *nothing.*

25. Are any of these children in the employ of you or your husband? *No*

- 26. If not receiving support from other children, state cause. Explain fully.  
*One is married with 2 children. Other just discharged from reg.*
- 27. With whom are you residing at present?  
*With my husband*
- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.  
*Yes.*
- 29. Are you already in receipt of Separation Allowance from any source? If so, how much?  
*No*
- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.  
*No*
- 31. Was the soldier at the time of his enlistment an employee of the Nfld. Government.  
*No*
- 32. In what capacity and in what place?  
\_\_\_\_\_
- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.  
*No*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Thomas Cannon*

Place of Residence..... *St. John's*

Declared and subscribed before me at... *St. John's, having first been sworn over a copy of this...*... day of... *March*... 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, ) *[Signature]*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *John W. Carter*.....

Signature of member of the Patriotic Fund Committee.

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed ) *James Hannan 3rd Reg*
2. Name and age of said soldier's father or other relative. ) *John Hannan 62*
3. Is said father or other relative (a chronic) invalid and totally incapacitated. ) *yes*
4. Of what nature is disability ? ) *Rheumatism*
5. From what date has this total incapacity been existent ? ) *Six Months*
6. How long is total incapacity likely to continue and what will be the effect on earning power. ) *Don't know might be able to do light work in the summer*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. ) *Total for heavy work  
Half for light work  
From the date*
8. Are you the regular attending physician ? ) *no*
9. Relationship to soldier of applicant ? ) *Son*

I certify that the above statements are correct.

*St. Louis*.....Place,

*Sept. 10 1919*.....Date.

*James Hannan*.....  
Physician.

May 16, 1919

W.J.Martin, Esq.,  
Registrar of Vital Statistics,  
City.

Dear Sir:-

Will you kindly advise me date  
of Birth of James Lamon, son of Patrick  
and Johannah Lannon of #33 Carter's Hill,  
formerly I think of Bell Island, C.B.

Thanking you in advance

Yours truly

Paymas er & O.i/c Records

Capt.

Dear Sir:-

Will you kindly inform me whether James Lannon of #33 Carter's Hill, is at present or has been since December 1916 employed by your Department, and if so, what wages he has received during that period.

Thanking you in advance.

yours truly

Paymaster & C. i c Records Captain

James Harris, Esq.,  
Secretary, Department of Public Works,  
City.

N<sup>o</sup> \_\_\_\_\_

In replying the number & date  
of this letter should be quoted.



Department of Public Works,  
St. John's, Newfoundland.

26th. May 1919.

H-M

ENC.

Sir,

In reply to your communication re James Lannon, 33 Carter's Hill, I beg to enclose herewith statement of amounts paid him by this Department from April 11th. 1918 to April 17th. 1919. Mr. Lannon is still employed by this Department.

I am,

Your obedient servant,

Secretary.

Capt. J. M. Howley,

Paymaster,

Department of Militia.

1918.

11th. April	General Post Office	8.00	
18th. "	do do do	12.00	
25th. "	do do do	2.00	
25th. "	Colonial Building	5.50	
2 nd. May	Government House	12.00	
9th. "	do do	12.00	
16th. "	do do	12.00	
23rd. "	do do	12.00	
30th. "	do do	12.00	
6 th. June	do do	12.00	
13th. "	do do	6.00	
20th. "	do do	6.00	
4 th. July	do do	<u>4.00</u>	115.50

1919.

13th. Feb.	Departmental Building	1.13	
20th. "	do do	13.50	
27th. "	do do	9.00	
27th "	General Post Office	4.50	
6 th. March	do do do	13.50	
13th. "	do do do	13.50	
20th. "	Departmental Building	4.50	
20th. "	Colonial Building	6.75	
27th. "	General Post Office	4.50	
3 rd. April	do do do	13.50	
10th. "	do do do	13.50	
17th. "	do do do	4.50	
17th. "	Departmental Building	<u>2.25</u>	<u>104.63</u> \$220.13

July 18, 1919

Mrs. Johannah Lannon,  
33 Carters Hill,  
City

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to inform you that same cannot be granted, because according to information received, your husband is capable of supporting you and has been earning good wages during 1918 and 1919.

Yours truly,

Captain & Paymaster.



ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,

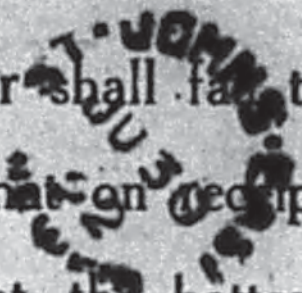
DEPARTMENT OF MILITIA,

ST., JOHN'S, Nfld.

3205

540183

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque, this card be signed at the bottom and posted. No stamp is required.



*E*

*Mrs. Lannon*

(2249) Wt. 21551/AP659J 10/19 900M (20) D.St.

Receipt for Army Book 64

No. *3205* ..... Name *J. Lannon* .....

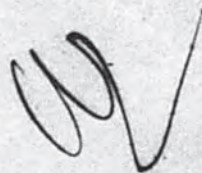
To Certify that I have received the AB 64 of the above  
named soldier.

Name *J. P. Lannon*

Date *August 26<sup>th</sup>* .....

Place *33 Carters Hill* .....

N.B. For completion and return to the Department of Militia  
Insert in corner of envelope "AB 64"



FIELD SERVICE.

C.R. 3205  
Arm Form B 2090

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS } "1st Newfoundland Regt." Squadron, Troop, Battery or Company } O.Co.

Regimental No. 3206 Rank Private.

Surname Lannon. Christian Names J.

Died { Date 20/11/17. Place France. Cause of Death\* Killed in Action

Nature and Date of Report B 213 1/25/11/17.

By whom made O.O. Unit.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received. (c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q., 3rd Echelon, 27/11/17. Signature of Officer in charge of Section } J. Neary. Adjutant-General's Office at the Base

2nd Lt. For Major, Officer i/c No. 1 Infantry Section.

DUPLICATE.

C.R. 3205

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS } "1st Newfoundland Regt." Squadron, Troop, Battery or Company } G.O.

Regimental No. 5205 Rank Private.

Surname Lannon. Christian Names J.

Died { Date 20/11/17. Place France.  
Cause of Death\* Killed in Action



Nature and Date of Report B 213 d/23/11/17.

By whom made O.G. Unit.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received.  
(c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the Deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q. 3rd. Battalion. Signature of Officer in charge of Section } J. Kearney  
27/11/17. Adjutant-General's Office at the Base }

2nd Lt. for Major,  
Officer i/c No. 1 Infantry Section.

**Casualty Form - Active Service.**

Regiment or Corps **1st Newfoundland**

Rank **Pte** Surname **Lawson** Christian Name **James**

Religion **R.C.** Age on Enlistment **23** years **-** months

Enlisted (a) **16-11-16** Terms of Service (a) **Duration** Service reckons from (a) **16-11-16**

Date of promotion to present rank..... Date of appointment to lance rank.....

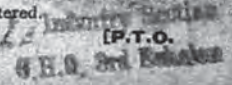
Extended {.....} Re-engaged {.....} Qualification (b).....  
or Corps Trade and Rate.....

Occupation **Seaman** **E. Frost** Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted, in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked <b>Shampton</b>		<b>11.6.17</b>	
		Disembarked... <b>Rouen</b>		<b>12.6.17</b>	
		Joined Battalion		<b>9 JUL 1917</b>	<b>A 213.</b>
<b>28.7.17</b>	<b>29 J.B.D.</b>	<b>Awarded 28 days Ep 1</b>	<b>Rouen</b>	<b>21.6.17</b>	<b>O1810, 33c</b>
<b>8.9.17</b>	<b>of Unit</b>	<b>Ditto</b>		<b>31.7.17</b>	<b>O1810, 41c</b>
<b>15.9.17</b>	<b>do</b>	<b>for fals. 3 days pay under h.w. &amp; awarded 7 days P.P.1, for absence (5-9-17-7-9-17)</b>			<b>O1810, 42c</b>
<b>24-9-17</b>	<b>84 J.A.</b>	<b>Ad Gastrochaea</b>		<b>24-9-17</b>	<b>E.D 249-17</b>
<b>6-10-17</b>	<b>12 CCS</b>	<b>Medicines (M.) Dis duty</b>	<b>Rouen</b>	<b>29-9-17</b>	<b>E.D 1286</b>
<b>23/10/17</b>	<b>29 J.B.D.</b>	<b>Joined Base report</b>	<b>Rouen</b>	<b>22/10/17</b>	<b>Loc</b>
<b>2 4 NOV 1917</b>	<b>of Unit</b>	<b>Killed in Action</b>	<b>Rouen</b>	<b>2 0 NOV 1917</b>	<b>A 213</b>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.


W. P. Griffiths & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 [688] 5/017/2121 1000m 6/15ss 93 56

Forms  
 B. 121.  
 39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet Second

Signature of O. C. Company [Signature]

Regimental Number and Name No. <u>3205</u> <u>Lannon J.</u>		Enlistment Age on <u>23</u> years - months		Trade <u>Seaman</u>	Good Conduct Badges, Service Pay or Proficiency Pay 		
Joined _____ Date _____		Place and Date of Enlistment <u>St John's N.F.</u>		Religion <u>R. C.</u>			
Joined _____ Date _____		Period of { with Colours <u>1 1/2</u> years. with Reserve <u>3/65</u> years.		Place of Birth			
Joined _____ Date _____							

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>asp.</u>	<u>12.5.17</u>	<u>Pte</u>		<ol style="list-style-type: none"> <li><u>1 Inattention in ranks Sgt Spencer</u></li> <li><u>2 Refusing to <del>comport</del> <sup>give name and number</sup> Sgt Spencer</u></li> <li><u>3 Absent from Tattoo hall call bell 11.35 pm. Sgt Cooper</u></li> </ol>		<u>28 days detention</u>	<u>15.5.17</u>	<u>Lt Col Whiteaker</u>	<u>[Signature]</u>
				<u>Killed in Action (France) 20<sup>th</sup> 17</u>					

To be carried over

Army Form B. 121.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheets *first*

Regiment of *1st Newfoundland.*

Signature of O. C. Company *Frank Aye Capt.*

Regimental Number and Name	
No.	<i>3205 Lannon J.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>23</i> years <i>—</i> months	<i>Seaman</i>
Place and Date of Enlistment	<i>St. John's, Nfld.</i> <i>6.11.16</i>	Religion <i>R.C.</i>
Period of	with Colours <i>—</i> years.	Place of Birth
	with Reserve <i>—</i> years.	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>St. John's</i>	<i>3.12.16</i>	<i>Pte</i>		<i>Absent from picket 7 p.m. to 10.30 p.m.</i>	<i>R.S.M. Power</i>	<i>Admonished</i>	<i>4.12.16</i>	<i>P.H. Knight Lt.</i>	<i>Default 1 day pay R.W. C.S.</i>
<i>St. John's</i>	<i>11.11.16</i>	<i>Pte.</i>		<i>Refusing to obey an order</i>	<i>Sgt. Bailey</i>	<i>3 days C.S.</i>	<i>12/16</i>	<i>F. Aye Capt.</i>	<i>C.S.</i>
<i>St. John's</i>	<i>18.12.16</i>	<i>Pte</i>		<i>Chewing in the ranks Inattention in the ranks absent from Roll Call of Picket &amp; out of Barracks without arms &amp; ammunition</i>	<i>Sgt. Keenan</i>	<i>7 days C.S.</i>	<i>19.12.16</i>	<i>P.H. Knight Lt.</i>	<i>C.S.</i>
<i>St. John's</i>	<i>19.12.16</i>	<i>Pte</i>		<i>Absent from picket 7 p.m. to 9 a.m. 20.12.16</i>	<i>Sgt. Butcher</i>	<i>7 days C.S.</i>	<i>20.12.16</i>	<i>J. O. Grady Capt.</i>	<i>C.S.</i>

To be carried over



## Brought Forward

St Johns	26.12.16	Pte	Absent from parade 2-15 p.m. to 27.12.16.	Cpl. Hurdell	96 hrs. detent. 27.12.16	G. T. Carby Major		CS
St Johns	16.1.17	Pte	Absent without leave from 9 a.m. until 9 a.m. 18.1.17.	Cpl. Bennett	5 days C.B. 17.1.17	G. T. Carby Major	Forfeit 3 days pay. R.W.	
Windsor	6-2-17	Pte.	<sup>1</sup> Absent from 2:30 parade <sup>2</sup> Absent at Tattoo.	Cpl. Hurdell M. Power M. Ballan	2 days C.B. 7-2-17	W.H. Fox Lieut.	Forfeit day pay R.W.	
Windsor	8-2-17	Pte.	<del>J.E.P. Inattention on parade</del>	<del>Cpl. Hurdell M. Power</del>	<del>admonished 8-2-17</del>	Major Montgomery		
Windsor	12-2-17	Pte.	Smoking in sleeping Quarters	Cpl. Holman	96 hrs. F.P.#2 13-2-17	Major Montgomery		
Windsor	21-2-17	Pte.	<del>Absent from Tattoo till 10-30 P.M.</del>	<del>M. Frazer Cpl. Hurdell</del>	<del>Detention 21-2-17</del>	Major Montgomery		
	22-2-17	Pte.	<del>Mr. Shaver on parade</del>	<del>Sgt. Cooper</del>				
Ayr	5-5-17	Pte.	Absent from Tattoo until 1.20 a.m. 6-5-17	Cpl. Daley	5 days C.B. 7-5-17	Capt. Fox		P.S.