



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5362 534 Name James Legge Co of E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>James Legge</u> |
| 2. What is your full Address? | 2. <u>New Belknap St.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>0</u> 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 |
| | 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, James Legge 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 Legge SIGNATURE OF RECRUIT.

James Legge Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Legge 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 23rd day of May 1915.

Signature of Attesting Officer C. D. Wilks 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 Co of E.

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

Date 1915 Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5362

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

Name James Regge
 Apparent age 27 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Connet Regge
New Paeonian, Pa. | Relationship brother

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>23-5-18</u>									
Joined at <u>St Louis</u> on <u>May 23-1918</u>									
<u>Discharged August 9/1919</u>									
<u>Embarked St Louis St. Columella to Halifax N.S. 22-7-18</u>									
<u>Left for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St Louis 18-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-8-1919 [date of discharge] 1 years 77 days
 " " Pensions " " " " " " " " " " " "

C.R. 5362

J Legge

P. & R. C

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

3
Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

C. D. Dicks / Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<i>5362</i>	Age on	<i>22</i> years <i>12</i> months	Trade				
Name		Place and Date of Enlistment		Religion				
<i>Soggy James</i>		<i>St John's</i>		<i>Methodist</i>				
Joined	Date	Period of	with Colours <i>17</i> / <i>363</i> years.	Place of Birth				
Joined	Date				<i>Colt</i>			
Joined	Date					<i>New Brunswick</i>		
Joined	Date	with Reserve						

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 John's</i>	<i>7</i>	<i>8</i>		<i>19</i>

To be carried over.



CANADA

WAR VETERANS' ALLOWANCE BOARD

URGENT

IN YOUR REPLY REFER TO FILE NO.
AND PLEASE QUOTE
YOUR REGIMENTAL NUMBER

DALY BUILDING,

OTTAWA

May 26th 1950

Director of Records, (Army)
Department of National Defence.

Re LEGG JAMES (JR.) Regt. No. 5362
(Surname) (Christian Names)

Veteran states he served in the following units: **Wfld. Regt.**

Dear Sir:

To enable the War Veterans' Allowance Board to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service during the Great War.

- | | |
|---|--------------------------------|
| 1. Did the applicant serve in the C.E.F. | NO |
| 2. If Permanent or Non-Permanent Active Militia Service, did any part of his service constitute service in the C.E.F. as under P.C. 1569 dated June 22, 1918: | N.A. |
| 3. Field of service in Great War. | HALIFAX & NEWFOUNDLAND |
| 4. If in France, unit and period of service. | N.A. |
| 5. Date and place of all enlistments. | 23 May 1918, St. John's, Nfld. |
| 6. Date of all discharges and reason. | 7 August 1919, Demob. |
| 7. Rank on discharge. | Pte. |
| 8. Date and place of birth as per attestation paper. | 22 Years |
| 9. Domestic status, and if married, name in full of wife. | Single |
| 10. Military Service prior to Great War, (or prior to enlistment in C.E.F.) | Nil |
| 11. Has he received any special Medals or Decorations. | Nil |

2094/PS 30-5-50

for **H.M. Jackson** ~~5362~~
Director of Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5362 Rank. Pte Name Legge J
 Intended place of residence New Perfection

2. Occupation Fisherman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 10 1919

H. Must.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 10 1919

James Legge
 Signature of soldier
W. J. ...
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 10.7-19

James Legge
 Signature of soldier
W. J. ...
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23.5-18 No. of days on Military
 Discharged from service 24.7-19 Plus 14 days Service 442

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

Date JUL 24 1919

K. R. Cooper 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

Date August 7/1919

M. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

August 20 1919 562

9
30
31
7
77

The Royal Newfoundland Regiment

Class for Demobilization

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5362*

Name *Logge James*

Address *New Brunswick*

Present Medical Category *A7*

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

RH Last Major
O.C. Discharge Depot.

Members of Board

Hudson
Senior Medical Officer

Geo Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5364 Rank Plt Name Legge J
 Date of Enlistment 73 5 18 Address Newfoundland District Trinity
 Occupation Fisherman Classification for Discharge E Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136.....	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 9-7-19O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am in a position to resume civilian occupation.

James Legge

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

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2354 to his home
New Britain and Release Certificate No. 3413 issued.

Date 10-7-19

J.A. Snowcraft
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 7-8-19

Date 10-7-19

J.A. Snowcraft
 Depot Paymaster.

Discharge approved for 24-7-19
 Forwarded with following documents to O.C Discharge Depot.

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

Date 10-7-19

J.A. Snowcraft
 Demobilization Officer.

APPROVED.

Documents as above forwarded to :-
 Officer in Charge Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

K.R. Coople Capt.
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

.....

.....

.....

James Legge
Signature of Member

Reg. No. *5362*

J. A. Knowlton
Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

10-7-19

191.....

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

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

1. Unit and Corps. *Royal Newfoundland Regt.* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *53673*. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Sgt. James*
 (Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on at
 in category (or grade)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

No complaint of no disability

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

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

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

Refutation

W. E. Proemier *Capt. Ranc*

Station *Hazley Down*

Medical Officer in charge of case.

Date *2/4/19*

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

C.R. 5362

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt
St. John's ,Aug. 16th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED ^{by} Officer i/c Records from 7-8-19

5362 Pte. J. Legge.

C.R. 5362

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 14th, 1919.

The discharge of the Undernoted on demobilization has been
APPROVED by O.C. Discharge Depot from 24-7-19

5362 Pte. J. Legge.

C.R. 5362

Extract from Daily Orders Part II Unit The Royal Field, Regt.
St. John's, July 3rd 1919.

5362 Pte. J. Legge.

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

C.R. 5362

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

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

#5362 Pte. James Legge.

C.R. 5362

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

#5362 Pte. James Legge.

Attested for General Service with the Royal Wfld. Regt.
from 23.5.18

The Royal Newfoundland Regiment

DEMOLITION OF

Reg. No. 5367 Rank Pfc Name Legge J
 Date of Enlistment 73.5.18 Address New Plymouth District Trinity
 Occupation Industrious Classification for Discharge H Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 9.7.19O. C. Discharge Depot

PARTICULARS FOR DEMOLITION

1. Civil Re-Establishment.

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

Particulars passed to Demobilization 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~~

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82354 to his home at Newperlean and Release Certificate No. 3415 issued.

Date 10-7-19

J.A. Snowcroft
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-5-19

Date 10-7-19

J.H. [Signature]
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122		Board 1st	" 2	/
F 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 10-7-19

J.A. Snowcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

A.R. Coote Capt
O. C. Discharge Depot.

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

Date July 31/19

Reg. No. *5362* Rank *Pl* Name *Legge Jas.*
Attested Address *New Orleans*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

9-4-19
24-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION:

FORM K

Nº 4418



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Legge, Regl. No. 5362

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4184	Father	Mr Herbert Legge	New Perlican N.B.	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.) W. Summers Lt
 Officer Commanding
 "B" Company
St. Johns
8-6-1918

(Sig.) James Legge
 (Rank) Private

Legg, J

5362

Hay sept

6852

October 16, 1919

James Legge,
New Perlican.

Dear Sir:

With reference to your letter
of 7/10/19, please give regimental number
as it is impossible to trace you without same.

Yours truly,

Lieut.
For Paymaster

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

MEDICAL HISTORY


Surname Legge OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish New Beacon Bk. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	23 day of May 1918	St Johns	day of	191
Declared Age.....	27 years	days	years	days
Trade or Occupation.....	Fisherman			
Height	5 feet	5 inches	feet	inches
Weight		147 lbs.		lbs.
Chest Measurement {	Girth when fully expanded....	37 inches		inches
	Range of Expansion.....	3 inches		inches
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number		1800		
When Vaccinated	27 Nov 1910			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved, by (Signature)	<u>Samuel Stinson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St Johns	at		
	on 23 day of May 1918	on	day of	191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment.....	The Royal Nfld Regt			
	1362			
Transferred to.....	Nfld Regt			
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	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
	Day	Month	Year	Day	Month	Year				
	25	11	18	29	11	18	debility	4	Discharged to duty	65A Wier, Capt R.M.C.

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

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

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

1. Unit and Corps. *Regt. H. unattached*
2. Regtl. No. *5362* 3. Rank... *plr*
4. Name *Kege* *J.oo*
(Surname) (Christian Names)
5. Age last birthday... *23*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fideler*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

The complainant of the disability

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

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

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

Repassable

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.E. Proenier, Capt Rame
 Medical Officer in charge of case.

Station *Hazley, Down*

Date *21/4/19*

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



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 *James Legge*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5362*

Intended address *New Perlican I.B*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium Cobelt.*

Christian name of Father *—*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *New Perlican, 18th Nov. 1896*

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) *James Legge*

16
(Rank)

Station **ST. JOHN'S.**

Date *5-7-19*

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

Medical Officer i.e Hospital.
Unit, or Command Depot.

Station



Date

August 7th 1919.

#5362, Pte. J. Megge,
New Perlican.

Dear Sir:

Enclosed please find Discharge Certificate 3562.

Yours truly,

Capt. &
Officer i/c Records.

RS-.

August 15, 1919

Mr. James Legge,
New Perlican.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *James* 2. Surname..... *James Legge*
3. Rank..... *Private* 4. Regtl. No..... *5362*
5. Address in full to which future payments of gratuity are to be forwarded..... *How Mr. Herbert Legge*
- *How Parkers*
6. Date of enlistment in the Regiment..... *25 July 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *W.*
- *W.*
8. Relationship of such dependents..... *W.*
9. Address in full of such dependents..... *W.*
- *W.*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *W.*
11. Were you on active service only in Nfld. If so give dates and particulars of such service..... *2 months Newfoundland*
- *11 months England*
- *W.*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *13 months*
- *1 1/2*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *Yes*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

19. Are you now serving in the Rest? *No* If not give - (a) date of discharge *to the 1st Lt. 1/19* (b) Reason for discharge *Medical*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

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

Signature of Applicant: *James Legge*
 Place of Residence: *New York*
 Declared before me at: *St Johns*
 This *10th* day of *July* 19*19*....

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

Wm James JP

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

New Berlican
October 22nd
1919

7052

Department Militia
St Johns

Dear Sir

your letter at hand to
day saying give regimental
number my number 5362 L. Legge
if you cannot find particulars
I will be coming by rail
if fine please write
immediately

yours truly

5362 L. Legge

New Berlican
Trinity Bay

July 7
Aug 7
Sep 7

at old berlican

New Perlican
October 7th 1919

Cpt. M. Howley

6852

5362

Department of Militia
St Johns

Sir

I beg inform to you that
I did not received any last amount
of money for the middle of September
all the other fellows received there September
amount I received seventy dollars. \$70.00 the
eighten of August and havent received
any sence hoping to here from you
soon

yours sincerely

James Legge
New Perlican
Trinity Bay

5362

~~Aug 7 70.00~~
~~Sept 7 70.00~~
~~Oct 7 70.00~~

? if this is the
right man

Cannot trace without Regt Number.

Aug 7
Sep ?
Oct ?