



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4420 Name David Lashane Corps Meth

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

- 1. What is your name? ..... I. David Lashane
- 2. What is your full Address? ..... 2. 131 Eglar St  
St Johns
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 19 Year - — Months
- 5. What is your Trade or Calling? ..... 5. Stewart
- 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, David Lashane 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.

a-13-11-18 David Lashane SIGNATURE OF RECRUIT.  
David J. Hanna SIGNATURE OF WITNESS.  
David Pittman SIGNATURE OF WITNESS.

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

I, David Lashane 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 Johns on this 13th day of April 1918  
Signature of Attesting Officer James Stewart

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date ..... 1918  
Place .....  
Signature of Approving Officer James Stewart 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 David LeShan  
 Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Stephen Mary Ann Blaney Street  
 Relationship Mother

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>13-4-1918</u>									Lance Lt. 4 <sup>5</sup> / <sub>8</sub> Corp. 15 <sup>2</sup> / <sub>9</sub>
Joined at <u>St John's</u> on <u>April 13-1918</u>									
<u>Transferred to 29/19</u>									
<u>Embarked St John's train to Halifax N.S. 11-6-18</u>									
<u>Embarked for B.C. 26-10-18</u>									
<u>Joined Battalion train 3-11-1918</u>									
<u>Arrives in B.C. 23-4-1919</u>									
<u>1st foundtained for demobilization 22-5-19</u>									
<u>Approved Newfoundland 1-6-1919</u>									
<u>Demobilization St John's 29-6-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-1919 (date of discharge) 1 years 78 days  
 Pensions " " " " " " " " " " " "

D L Shana

C.R.

4420

1110







No. 5201/238

From: NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER I.C. RECORDS.  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
LONDON, S.W. 1.

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

2nd April 1919

4420 A/Cpl LeShana D.

With reference to the following telegram from the Minister of Militia, / / (11 )

"Pay to- 4420 LeShana  
£15. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Chief Paymaster & O. i/c Records

10-4 - 1919

4420 A/Cpl LeShana D.

This NCO wishes the amount retained to credit of his account please

Deposited  
2/4/19

*[Signature]*

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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4420	C/O.	LeShana D.	\$250	D. LeShana

I have the honour to be, Sir,  
for the Committee,  
Your obedient servant.

Date July 1/18

D. LeShana



Le Shan, D.

4420

Ray Sept.



The Royal Nfld. Regiment

DEMOBILIZATION

No. 470 Rank

Name L. Kana L.

Warned for demobilization on

**JUN 13 1919**

June 29, 1919

#4470 Cpl. David Leshane,  
#131 Casey St.,  
City.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2. 60.

Yours truly

Captain,  
Paymaster & O.i/c Records.

# The Royal Newfoundland Regiment

Class for Demobilization: —

6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

12.6.19

Regimental No. 4420.

Name

Le Shana D.

Rank

Cpl.

Address

131 Casey St

Present Medical Category

A1

Recommended for: —

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.H. East Capt

O.C. Discharge Depot.

Peterson

Senior Medical Officer

W. Borden

M. O. Depot

No 3959



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, David Le Shana, Regl. No. 4420

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> 7 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3860	Sister	Miss Mary Ann Le Shana	131 Barsey Street, St Johns	
			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.)

James Scott

Officer Commanding

St Johns A. Company

May 16th 1918

(Sig.)

David Le, Shana

(Rank)

Lt



## Civil Re-establishment Committee



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

*To Resume former Occupation*

*W L Shana*

Signature of Man.

*J. R. Snowlett*

Signature of the Vocational Officer or his Representative.

Reg. No. *4420*

Place

*SI - Johns*

Date

191

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

OCT 5 1921' 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to.

David LeShana

in respect of his service as No. 4420 Rank Pte.

Name D. LeShana Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received British War & Victory  
Medals

Signature David LeShana Marion LeShana

Date January 18 1922 Sota

Address Rennie Road R.D.

[P.T.O.]

REID NEWFOUNDLAND CO., LTD.,

RAILWAY AND STEAMSHIP LINES.

4420

Jan 21/1922

S.S. Kyle, Pont-aux-Basques

Dear Sir

I got a letter from home St Johns. & they told me that my name came out in the News Paper. so they said for me to write Milita Department. & see what you want me for.

As I am Steward on the Kyle at Pont-aux-Basques I can't get in, & if there is anything due me would you send it to this address my number is

4420 Cpl David L. Shana  
 P.O. S. S. Kyle  
 Pont aux Basques

OK  
 [Signature]



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

# MEDICAL HISTORY

OF

Surname DeShanna Christian Name David

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>13<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	at <u>St Johns</u>	at		
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Stewart</u>			
Height	<u>5</u> feet <u>5</u> inches		feet	inches
Weight	<u>113</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded...	<u>35</u> inches		inches
	Range of Expansion..	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
Approved by (Signature)		<u>Lamm Patterson</u>		
(Rank)		<u>Major</u>		
		Medical Officer.		Medical Officer.
Enlisted	at <u>St Johns</u>	at		
	on <u>13<sup>th</sup></u> day of <u>April</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	<u>The Royal Newfoundland Regt</u>	Corps.	
	Regtl. No.	<u>4420</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	191	on
				day of
				191
[Signature]				
[Rank]				



Reg. No. 4120 Rank Prv. Name LeShano SD  
Attested 13.4.18 Address 131 Casey St  
Allotment 60 Allotee Miss Mary Ann LeShano (Sister)  
Date of Allotment 1-6-18 Returned from Overseas \_\_\_\_\_  
Embarked for Overseas 11-6-18. Cause \_\_\_\_\_

*Vacc 23<sup>4</sup>/<sub>8</sub>*  
*1st Dec 30-4-18, 2<sup>nd</sup> Dec 7-5-18, 3<sup>rd</sup> Dec 17-5-18*  
*L/C from 4-5-18.*

C.R. 4420

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

4420 L/C D. LeShano

Embarked ~~for~~ Overseas with draft 11-6-18.



C.R. 4420

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, dated April 16, 1918.

#4420 Pte. D. LeShana.

Attested for General Service with The Royal Newfoundland  
Regiment 13/4/18 ~~to be~~ *WVA* 1/6/18.

C.R. 4420

Extract from Daily Orders Part II, Unit The Royal  
Wfd L<sup>o</sup> Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 29-6-19.

4420 Cpl. David LeShana.

C.R. 4420

Extract from Daily Orders Part II Unit Royal Newfoundland  
Regiment, in France dated 28-2-19.

4420, I/Cpl. D. Leshana

Appointed A/Cpl. 15-2-19.

C.R. 4420

Extract from Menial Roll Re-inforcement Draft No. 55 from 2nd Batta.,  
Royal Newfoundland Regiment, Hasleby Down Camp, Winchester, to 1st  
Batta., Royal Newfoundland Regiment B.N.F. Embarked Folkeston 26/10/18

4420 L/C LeShane D

M.P.

C.R. 4420

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

4420 Cpl. David LeShano.



C.R. 4420

Extract from Daily Orders Part 11 Depot, St. John's,  
Date June 18th 1919.

4420, Cpl. D. LeShana.

Reported at Headquarters 1/6/19.  
which sailed Liverpool. May 22/1919.

EX "Corsican"

C.R. 4420

Extract from Daily Orders part 11, from U it The Royal  
Newfoundland Regiment, St. John's, dated May 6th, 1918.

#4420 Pte. D. LeShana.

To be Lance Corporal from 4/5/18.

C.R. 4420

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt

By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Battn. 3-11-18.

4420 L/C. D. Leshana

B? Coy.

C.R. 4420

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

A  
#4420/Cpl. D. LeShano

ROYAL NEWFOUNDLAND REG.

No. 4470 Name Keblane, D. Sqn., Batty., } B Corps Date of enlistment } 1874/18 } G.C. } Service or Proficiency Pay }  
 or Company } Badges }  
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. one Signature O.C. } Character }  
 Company Conduct Sheet } of last drunk } freedom from extra fine } Company, etc. Wm. E. [unclear]

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>[unclear]</u>							

Army Form B. 122

[P.T.O.]



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 26th. 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..... *Doord* ..... 2. Surname..... *LeShano*
3. Rank..... *Cpl.* ..... 4. Reg't. No. .... *4420* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *131 Carey St. St. John's.* .....
6. Date of enlistment in the Regiment..... *Apr. 15/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Militia, if so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service whether in Militia or Overseas..... *From Apr. 15/18 to June 18/19* .....
- ..... 1. 3 .....

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

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

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....  
.....

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *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?

19. Are you now serving in the Regt.?..... *No* If not give? - (a) date

of discharge *June 17/19* (b) Reason for discharge *Repatriation* *Reassignment*

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....

*France, Belgium + Germany - from Oct 2/18 to Oct. 1919.*

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: *D. L. Shanahan*  
 Place of Residence: *131 Casey St. St. John's*  
 Declared before me at: *St. John's, Nfld.*  
 This *13th* day of *June* 19*19*...

Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits.  
*John M. Carthy J.P.*

Date paid	Paid Soldier	Paid Dependent	War Service Graciously	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This day of 19...

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

.....  
 Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This day of 19...

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4420 Rank Cpl Name D. Sharma David  
 Date of Enlistment 13-1-18 Address St John's District St John's  
 Occupation Accountant Classification for Discharge 1-A Medical Category 1-A  
 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 12-6-19 O. C. Discharge Depot. St John's

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

D. L. Sharma

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 13-6-19 O i/c. Re-clothing \_\_\_\_\_







**Casualty Form—Active Service.**

Regiment or Corps. Royal Newfoundland Reg  
 Rank 4/c Surname L. Stana Christian Name David  
 Religion Method Age on Enlistment 19 years — months  
 Enlisted (a) 13/4/18 Terms of Service (a) Duration Service reckons from (a) 13/4/18  
 Date of promotion to present rank..... Date of appointment to lance rank..... 1/5/18  
 Extended { ..... } Re-engaged { ..... } Qualification (b).....  
S or Corps Trade and rate.....  
 Occupation Steward J. M. Curran Capt 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 ...	<u>26 Oct 1918</u>		
		Disembarked	<u>3 NOV 1918</u>		
		Joined Battalion			
		<u>To be a/cpt.</u>		<u>23/4/19</u>	
		<u>Arrived in UK</u>			

(a) In the case of a man who has re-engaged for, or enlisted into, the Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shosong-Smith, & Co. 131 Casey Street, St. Johns, Newfoundland.

Next of Kin Mother

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forma  
B 121.  
39.

Regiment of

*The Royal Nfld.*

Signature of O. C. Company

Number of Sheet

*101*  
*James Kent*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <i>4-5-18 Permitted same response.</i>
No.	<i>4120 David LeShanna</i>	Age on	<i>19</i> years <i>0</i> months	<i>Stewart</i>	
Joined	Date	Place and Date of Enlistment	<i>St. Johns</i> <i>4-3-18</i>	Religion	
Joined	Date	Period of		with Colours	<i>Method</i>
Joined	Date		with Reserve	<i>78</i> years.	Place of Birth
Joined	Date		<i>365</i> years.	<i>St. Johns</i>	

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>London</i>	<i>Conf. 1.10.18</i>	<i>Pte.</i>		<i>Overstaying draft leave. Absent from 23.57 9'clock 23-10-18 to 0850 24.10.18.</i>	<i>Lie M. Green.</i>	<i>Deprived of 1 days pay</i>	<i>10.11.</i>	<i>Capt Emerson</i>	<i>Profits 1 days pay pay Pte.</i>
<i>Demobilized St. John's, 29<sup>6</sup> 19</i>									

To be carried over

Army Form B. 121.

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

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

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Steward*
2. Regtl. No. *4420* 3. Rank... *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Lithana* *D.* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on *8/4/18* at... *St. John's* 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*nil*  
*nil*  
*nil*  
*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 (2). If not due to any of these causes, to what specific condition do you attribute it? } na.

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.)*

Re complains of no disability.

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

na.

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

na.

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?

na.

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?

na.

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. J. Proctor*  
 Medical Officer in charge of case.

Station Hazeley Down

Date 20/4/19

\* 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

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

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

1. Unit and Corps. *Royal Newfoundland*. Former Trade or Occupation } *Stewart*
2. Regtl. No. *4426* 3. Rank. *Cpl.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *L. Shana, D.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on *9. 4. 18* at *St. John* 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. *he*
12. Place of origin of disability. *he*
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. *he*



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? } n.a.

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.)

*He is suffering from disability*

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

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

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? n.a.

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? n.a.

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.

*Repatiation*  
*Approved W. F. ...*  
*no. 17*  
*Medical Officer in charge of case.*

Station *Hagley Downs Camp.*

Date *29. 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

# The Royal Newfoundland Regiment

4420

## DEMOBILIZATION OF

Reg. No. 4420 Rank Cpl. Name D. Sharma, David  
 Date of Enlistment 13-4-18 Address St John District St John  
 Occupation Steward Classification for Discharge 17 Medical Category A.I.  
 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 12-6-19 No. C. Discharge Depot. 11/11/19

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

D. Ge, Skana

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 1 uniform cap

Date 13-6-19 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at 131 Casey St. 0. Stephens and Release Certificate No. 2699 issued.

Date 13-6-19 *J. A. Shewell*  
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 \_\_\_\_\_

Date 13-6-19 \_\_\_\_\_  
Depot Paymaster.

Discharge approved for 15-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	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	" 6
B179c	B 120	M 93		

*2 Form B*

Date 13-6-19 *J. A. Shewell*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

Date JUN 15 1919 **Eligible for War Service Gratuity**  
\_\_\_\_\_ O. C. Discharge Depot.

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

Date June 14/19 *Amelita J. Par*  
*Goodrich*

Reg. No. *4420* Rank *Cpl.* Name *Lehana. S.*  
Attested ..... Address *131. Casey St.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.1.19.*  
Returned on S.S. *Corsican* Cause *Discharge*

*14.6.19* PASSED TO DEMOBILIZATION OFFICER  
*12.6.19* DISCHARGE APPROVED ON DEMOBILISATION.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4420 Rank Cpl Name Lt. Shama Davis  
 Intended place of residence 131 Casey Street  
 2. Occupation Stewart  
 Classification of soldier 1 Medical Category 41

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 JUN 13 1919  
 Date ST. JOHN'S for H. News H.  
 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 JUN 13 1919  
ST. JOHN'S D. Le Shama  
 Signature of soldier  
M. Blouster  
 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 13-6-19  
ST. JOHN'S D. Le Shama  
 Signature of soldier  
W. Bealoy  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 13-4-18 No of days on Military  
 Discharged from service 15-6-19 Plus 14 days Service 443

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S R. H. Sant Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JUN 15 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld M. Bowley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment  
 Date June 29/1919

2913 2079 / 2460





# 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 *David L Shana*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4420*

Intended address *St John's*

Height on discharge *6* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks —

Figure on discharge *Medium*

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 *St John's. 15 August. 1899*

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

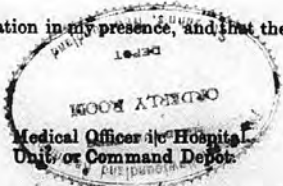
(Soldier's signature in full) *D. L. Shana*

*Cpl.*  
(Rank)

Station *St John's*

Date *12-6-18*

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.



Station

Date

War Veterans' Allowance

Name:

*David LeShane  
David Francis LeShane*

CEF

No: *4420*

Navy *A2484*

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I *Nfld. U.K. France.*

IF CANADA ) Date(s) disembarked in U.K.  
AND ) Date(s) S.O.S. in U.K. for Canada  
U.K. ONLY ) Period(s) of desertion in U.K.

(3) World War II *Canada Newfoundland + High Seas.*  
Date of embarkation: *9 Dec 1940.*

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments: *13 April 1918  
St. John's, Nfld.*

*6 Aug 1940  
H.M.C.S. Stadacona*

3. Date of all discharges and reason: *29 June 1919. Demob.  
26 Oct 1945 - Demob*

4. Date and place of birth as per attestation paper: *15 August 1899.  
St. John's Nfld.*

*13 Aug 1897  
St. John's, Nfld.*

5. Marital status: If married, name in full of wife: *Single  
Married; Mrs Sadie LeShane*

6. Any other military service: *Nil*

7. Decorations, if any. *Nil.*

6/6/58  
Clerk's Initials: