

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5617 Name George Lewis Corps R.C.

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. George Lewis
2. What is your full Address? 2. St. Johns St. St. John's
3. Are you a British Subject? 3. yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Fireman
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, George Lewis 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.

George Lewis SIGNATURE OF RECRUIT.
James P. Atman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Lewis 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 7 day of June 1918
Signature of Attesting Officer John Dickson

†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 } 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

5617

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

Name George Lewis
 Apparent age 27 years 0 months. Height 5' feet 4 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Lewis Steur De Ryse
St. Mark | 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>M-6-18</u>									
Joined at <u>St. Mark</u> on <u>June 7th 1918</u>									
<u>Transferred August 4th 1919</u>									
<u>Overboarded St. Mark's St. Columbella to Halifax N.S. 22-7-18.</u>									
<u>With 1st Lt forestry bat. on 22 months probation 12-9-18</u>									
<u>to 1st Lt for demobilization 24th 19. Arrived 1st 1-7-19.</u>									
<u>Demobilization St. Mark's 4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>69</u> days									
Pensions " " " " " " " " " " " "									

Lewis, G.

C.R. 5617

P.R.O.

CR 5617

Extract from Daily Orders Part 2, from Unit, The Royal Nfld.,
Regiment, St. John's, dated June 8th 1918.

5617, Pte. G. Lewis.



Attested for General Service with The Royal Nfld. Regt.,
from 7/6/18.

C.R. 5617

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

The following man embarked for overseas on H.M.S.
"V Columbia" July 23, 1918.

#5617 Pte. George Lewis.



C.R. 5617

Extract from Daily Orders Battalion Unit of the Royal Nfld.
Regt. St. John's, July 2nd, 1919.

5617 Pte. H. Lewis.



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

C.R. 5617

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, July 10th, 1919.

The discharge of the following on demobilization has been APPROVED by O. C? Discharge Depot, with effect from 19-7-19.

5617 Pte. Geo. Lewis.

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 George 2. Surname Lewis

3. Rank Rt Lt 4. Regt. No. 5617

5. Address in full to which future payments of gratuity are to be forwarded, Flour the Regt White Box

6. Date of enlistment in the Regiment. June 7th 1918

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. He

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? No

11. Were you on active service only in Nfld, if so, give dates and particulars of such service. Overseas

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. Thirteen months



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

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?.....

16. Have you, during the present war, served in the Imperial Forces...

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.....
.....
.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge..... (b) Reason for discharge.....
Jul 21/19
Remobilized in

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....
England

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.....

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: *George Lewis*
 Place of Residence: *2 fleur de lys white box*
 Declared before me at: *Johns*
 This *7* day of *July* 19*.18*....

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

POST DISCHARGE PAY.			War Service Gratuity.	Net amount due
Date paid	Paid Soldier.	Paid Dependent.		
.....
.....
Certified correct.			Paymaster.	



REPRODUCED FROM THE ORIGINAL RECORDS

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

MEDICAL HISTORY

OF

Surname

Lewis

Christian Name

George

Table I.—GENERAL TABLE.

Birthplace:—Parish

St John de Ry

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>7th</i> day of <i>June</i> 191 <i>8</i> .	on	day of	191
	at <i>St John's</i>	at		
Declared Age...	<i>22</i> years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>4</i> .	inches	feet	inches
Weight	<i>118</i> .	lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	<i>33</i> inches		inches
	Range of Expansion...	<i>3</i> inches		inches
Physical Development...				
Vaccination Marks {	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
When Vaccinated				
Vision	R.E.—V = <i>6/6</i>		R.E.—V =	
	L.E.—V = <i>6/6</i>		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)	<i>Lewis Peterson</i>			
(Rank)	<i>Major</i>	Medical Officer.		Medical Officer.
Enlisted	at <i>St John's</i>	at		
	on <i>7th</i> day of <i>June</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment...	Corps.	Regtl. No.	Corps	Regtl. No.
	<i>Royal Nfld</i>	<i>5674</i>		
Transferred to...	<i>Regiment</i>			
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				

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 Newfoundlands } Former Trade or Occupation } Justice of the Peace
2. Regtl. No. 5617 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name Lewis Joseph } (a) Former Regts. or Corps ;
 (Surname) } with Regtl. Nos.
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?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated |
|--|---------------------|----------------|
| (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? }

See Complaint 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?

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.

Repatriation

W. E. Proctor *Capl Rame*

Medical Officer in charge of case.

Station ... *Mazeley Barron*

Date ... *7/4/19*

* 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.

5677 Pleuro. Delict

Chit. p. 32

32

esp. 30 1/2

Recommend a month stay with
Fresley Bn to recuperate.

W. C. C. C.
C. C. C.

9/9/18.

August 12, 1919

Mr. George Lewis,
Fleur de Lys,
White Bay.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.



THE ROYAL NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, George Lewis, Regl. No. 717
hereby agree, until further notification by me, and in similar official form to make an Allotment of
2 Dollars and 50 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 August - 1st / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4707	Wife	Mrs Joseph Lewis	Halifax N.S.	20
Total Allotment, \$				50

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.) D. G. James
Officer Commanding
1st Co Company
1918

(Sig.) George Lewis
(Rank) Pte

No 6304



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Lewis, Regl. No. 5617,
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 75 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 August 1st / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4707	Mother	M ^{rs} Joseph Lewis	Fleur-de-Lys	50
			Total Allotment, \$	50

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.) A P James
 Officer Commanding
T. Company

St John's
July 5th 1918

(Sig.) George Lewis
 (Rank) Pte

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet *One*
C. Dicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Lewis George</i>	Age on	<i>27</i> years <i>00</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St Johns</i>	Religion	
Joined	Date		<i>7. 6. 18</i>	<i>R.C.</i>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		<i>169</i> years <i>36</i> years.

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St Johns</i>	<i>8/19</i>			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5617 Rank PLT Name Lewis Geo
 Date of Enlistment 7.6.18 Address Fleur-de-lys District Labrador
 Occupation Fisherman Classification for Discharge R 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.....	1
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	3
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 5.7.19

M. Cooke Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

George Lewis

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 7-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 6841 to his home at Flam. de lys and Release Certificate No. 3274 issued.

Date 7-7-19

J.A. Howliff
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 7-7-19

Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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
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 7-7-19

J.A. Howliff
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 21 1919

J.R. Coole
for O. C. Discharge Depot.

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

Date July 21/19

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.

George Lewis

Signature of Man.

Reg. No. 3617

J. J. Knowlton

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

7-7-19

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C.R. 5617

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name *5617 Capt G Lewis*

Date *Dec 4*

Place *Fleur de lys*

C.R. 5617,

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has been
CORRECTED by officer i/o Records from noted date 4-8-19.

5617, Pte. Geo. Lewis.

~~CONFIDENTIAL~~

THE INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/19/01 BY 60322 UCBAW/STP/STP

THIS DOCUMENT IS UNCLASSIFIED EXCEPT WHERE SHOWN
OTHERWISE IN FOOTNOTES OR WHERE INDICATED BY A
MARKER IN THE MARGIN

UNCLASSIFIED BY 60322 UCBAW/STP/STP

C.R.

~~5617~~
~~3217~~

Extract of DAILY ORDERS BY MAJOR M.S. SULLIVAN
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

18/11/18.

The undermentioned having completed his trial with this
Unit is attached to the strength from 25/10~~th~~/18. and
posted to C. Co'y:

#3217 Pte. G. Lewis.

C.R. 5617

Extract from Orders by Lt.Col., E.J. Barton, D.S.O., Commanding
2nd Bn., Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND POLICE
CORPS on one month's probation as from 12/9/18:-

5617 Pte. G. Lewis.

Memorandum

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From *Relieving Officer*
 at *ST. JOHN'S, NFLD.*
 COMMISSIONER OF
 PUBLIC CHARITIES
 JUN 10 1921

To *Mrs W. H. Gurneys*
Board of Officers
Rome II.
Victoria Regy

Sir

Enclosed please find an of
 Mrs Richard Mougere of Little Bay
 for Board of Ldy, Geo Lewis a wounded
 soldier of Hebeke-Lys Street under
 doctor care for an old wound amount to \$44.00
 I must likely have will write a doctor of care
 not there be payable by your Dept
 Yr obedient servant
 W. H. Gurneys

August 4th 1919.

#5617, Pte. George Lewis.

Fleur de Lys, St. Barbe.

Dear Sir:

Enclosed please find Discharge Certificate # 3356.

Yours truly,

Capt. W. Baymaster.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization:—

86

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *5.7.19*

Regimental No. *5617*

Name *Lewis - Geo*

Address *Flew - De - Lys*

Present Medical Category *Aj*

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

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

Members of Board {
Senior Medical Officer

Geo Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5607 Rank AME Name Lewis G.
 Date of Enlistment 7.6.18 Address New Reg. Coy District Halifax
 Occupation Interman Classification for Discharge E Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 5.7.19

M. Corbett Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

George Lewis
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 _____

Albin Smith
O i.c. Re-clothing

Date 7-8-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 841 to his home at Fleur-de-lys and Release Certificate No. 3374 issued

Date 7-7-19 *J.A. Snowball*
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 7-7-19 *R. Mans*
Depot Paymaster.

Discharged approved for 21-7-19
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form B

Date 7-7-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

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

with following additional documents.

N.R. Coole Capt

Date JUL 21 1919 Eligible for War Service Gratuity
for O. C. Discharge Depot.

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

Date

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*
2. Regtl. No. *5657* 3. Rank. *Pvt*
4. Name *Nevis* *George*
(Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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 |
|--|---------------------|----------------|
| (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? }

He complains of no 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?

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.

Repatriation

W. E. Rosemice

Capital

Rant

Station *Stokeley Bourn*

Date *9.14.19*

Medical Officer in charge of case.

* 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

PROCEEDINGS ON DISCHARGE

1. No. 5619 Rank Pte Name Lewis Geo
 Intended place of residence St. John's
 2. Occupation Fisherman
 Classification of soldier E Medical Category A1

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 7 1919
 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 7 1919
 Signature of soldier George Lewis
 Signature of witness W. Houston

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 7-7-19
 Signature of soldier George Lewis
 Signature of witness W. Houston

24
31
4

STATEMENT OF SERVICE

7. Enlisted for service 7-6-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 424

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 21 1919
 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 4/1919
 Officer in Charge
 The Royal Newfoundland Regiment

2079/3556



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 *Lewis George*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5617*

Intended address *St. John's - N.S.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Joseph*

Christian name of Mother *Bessie*

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 - N.S. May 29 - 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) *George Lewis*

(Rank) *Rte*

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/c Hospital. Unit, or Command Depot.

Station

Date

Reg. No. *5617* Rank. *4th* Name. *Lewis Geo*

Attested Address. *Stevs de Ry's*

Allotm Allottee ..

Date of Allotment Returned from Overseas. *JUL 1 1919*

Returned on S S. *Cassandra* Cause. *Discharge*

7-7-19
21-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION



C.R. 5617
Julius Weir
Aug 20 1921

Dear Sir
I lost
my War Service Badge
another can I obtain
one if so
please let me
know and send one
on return mail
yours truly

5617 pt George Lewis