



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5469 Name Lemuel Locke Corps Mon.

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Lemuel Locke</u>                |
| 2. What is your full Address? .....  | 2. <u>Wade Bay, Grand Falls, N.B.</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                         |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>5</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, Lemuel Locke, 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.

Lemuel Locke SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

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

I, Lemuel Locke, 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 17th day of May 1915.

Signature of Attesting Officer [Signature]

### †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 compiled with. I accordingly approve, and appoint him to the [blank]

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

Date.....1915

Place.....

} Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5469

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

Name Samuel Hooke  
 Apparent age 10 years        months. Height 5 feet 8 3/4 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
                           Range of expansion 4 inches  
 Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Hooke  
Little Bay Islands, N.S.B. | 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>27-5-18</u>									
Joined at <u>St John's</u> on <u>27-19-18</u>									
Discharged <u>July 10/19</u>									
Embarked <u>St John's N.S. Columbus to Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>B.C.I.</u> <u>23-11-18</u> Disembarked <u>France</u> <u>28-11-18</u>									
Joined <u>Batter 5/19</u> . <u>Admitted to the Hospital</u> <u>April 7-4-19</u> <u>Discharged</u> <u>27-4-19</u>									
Transferred to unit <u>1-5-19 (Det.)</u> . <u>S. No. for demobilization</u> <u>22-5-19</u>									
Arrived <u>W.D.</u> <u>1-6-1919</u>									
Demobilization <u>St John's</u> <u>10-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 10-7-1919 (date of discharge) 1 years 45 days  
 " " Pensions " " " " " " " " " " " "



C.R. 5469

Extract from War Office List No. H.A. 36129.

Dis. to Duty ex 6 Gen. H. Rouen 27th. April, 1919.

5469 Pte. L. Locke.

Scabies.

C.R. 5469

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  
CONFIRMED by Officer i/c Records from 10-7-19.

5469 Pte. Lemuel Locke.

C.R. 5469

Extract from War Office List No. H.A. 35981.

Admitted 6th. General Hospital Rouen 17th. April 1919.

5469 Pte. L. Locke.

Impetigo Finger.

C.R!

5469

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, June 14th, 1919.

5469 Pte. L.Locke.

Reported to Headquarters 1-6-19 Ex. "Corsiwan" which sailed  
Liverpool 22-5-19.

C.R. 5469

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

The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot with effect from 26-6-19.

5469 Pte. L.Locke.



C.R. 5469

Extract FROM War Office List Ni, H.A. 35981.

5469 Pte. L. Locke,

Admitted 6 General Hospital, 17th. April 1919.

Impetigo Mild.

C.R. 5469

Extract from Nominal Roll of draft No. 56 from the 2nd.,  
Battalion of the Regiment Winchester to the 1st., Bt.

B. E. F. Embarked Southampton 23/11/18.

#5469 Pte. L. Locke.

C.R. 5469

Extract from Daily Orders part 11, from Unit The Royal  
2  
21st Regt. St. John's, dated July 25, 1918.

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

#5469 Pte. Lemuel Louke.

C.R. 5469

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 29, 1918

#5469 Pte. Lemuel Locke.

Attested for General Service with the Royal Nfld. Regt.  
from May 27, 1918

Locke, L

5469

Ray Dept.

July 20, 1919

#5469 Pte. Lemuel Locke,

Little Bay Islands.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2887.

Yours truly

Captain  
Paymaster & O.i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5469 Rank Pte Name Locke L  
 Intended place of residence Little Bay, Isles  
 2. Occupation Traveller, Internation  
 Classification of soldier 3 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 JUN. 12. 1919  
 Date ST. JOHN'S  
 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. 12. 1919  
ST. JOHN'S  
 Signature of soldier L. Locke  
 Signature of witness Ambleton

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S  
JUN. 12. 1919  
 Signature of soldier L. Locke  
 Signature of witness W. G. Eaton

### STATEMENT OF SERVICE

7. Enlisted for service 27-5-18 No of days on Military  
 Discharged from service JUN 26 1919 Plus 14 days Service 410

### 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  
JUN 23 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, Nfld.  
 Date July 10/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Handwritten:* AFB 2079/2887

# The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.6.19*

Regimental No *5469*

Name *Locke, Samuel* Rank *Pte*

Address *Little Bay Islands*

Present Medical Category *A1*

Recommended for :- { (a) Immediate discharge  
(b) Standard Medical Board

Members of Board {

*R.H. Sant Captn*  
O.C. Discharge Depot.

*Spencer*  
Senior Medical Officer

*W. Borden*  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5469 Rank Rt. Lieut. Name Locke L.  
 Date of Enlistment 27-5-18 Address Little Bay Falls District St. John's  
 Occupation Fisherman Classification for Discharge F Medical Category A1  
 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 11-6-19 in O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

L. Locke

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied \_\_\_\_\_

Date 12-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. A1744 to his home at Little Bay Wells and Release Certificate No. 2633 issued.

Date 12-6-19 *J.A. Knowlton*  
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 10-7-19

Date 12-1-19 *J. H. [unclear]*  
Depot Paymaster.

Discharge approved for 26-6-19  
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 12-6-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**  
*R.H. [unclear] Capt.*

Date JUN 26 1919  
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:

*To resume former occupation*

*Locke L*

Signature of Man.

Reg. No. *5469*

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

*12-6-19*

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

# MEDICAL HISTORY

OF

Surname Lache

Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish Little Bay Island, Nfld. County Yps.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	27 <sup>th</sup>	May		191
	at	St. John's.	at	
Declared Age	20	years		days
Trade or Occupation	Fishermen			
Height	5	feet	8 <sup>3</sup> / <sub>4</sub>	inches
Weight			126	lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
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 Paterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at	St. John's.	at	
	on	27 <sup>th</sup> day of May	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	Royal Nfld. Regiment.			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(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 West Kent* ..... 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5489* ..... 3. Rank *PL* ..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Docks, I.* ..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) ..... (Christian Names)
5. Age last birthday *31* .....
6. Posted for duty on *11/27/18* ..... *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 n (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. *no*
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. *no*  
*no*

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. } .. .. .

na.

14 (a). 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, etc., a specialist's report is to be attached with radiographs where possible; and in case 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 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.

Repatriation

W.S. Procuise, Capt. Retire  
Medical Officer in charge of case.

Station Heb. Camp .. .. .

Date 18/5/14 .. .. .

\* 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

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier .. .. .
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Wide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazley Camp* ..... { President or Chairman.  
 Date *18/5/19* ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospitals.  
 Date ..... Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.



## 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

*Samuel Locke*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5469*

Intended address

*Little Bay Isld., Twillingate*

Height on discharge

*5* Feet *9*

Color of hair on discharge

*Black*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

—

Figure on discharge

*Tall*

Christian name of Father

*James*

Christian name of Mother

*Rose*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Little Bay Isld., 20 Sept, 1898*

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)

*Samuel Locke**St*  
(Rank)

Station

**ST. JOHN'S.**

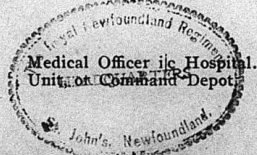
Date

*10-6-19*

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.

Station

Date



July 12, 1919

#5469 Pte. Samuel Locke,

Little Bay Islands.

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 & O.i/c Records

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... *Lemuel* ..... 2. Surname... *Locke* .....  
3. Rank... *Pte* ..... 4. Regtl. No... *5 4 10 9* .....  
5. Address in full to which future payments of gratuity are to be forwarded... *Lemuel Locke Little Bay Island* .....  
6. Date of enlistment in the Regiment... *Notes Name B. ay May 27 1918* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*not applicable* .....  
8. Relationship of such dependents... *not applicable* .....  
9. Address in full of such dependents... *not applicable* .....  
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 field, if so, give dates and particulars of such service..... *not applicable* .....  
12. Give total length of time which you served on active service, whether in field or overseas... *one year* ..... *16* .....  
*days* ..... 1. <sup>2</sup> .....

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

*not applicable*

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?

*not applicable*

19. Are you now serving in the R.C.T.? If not give - (a) date of discharge.

*no*

*Jan. 12. 1919.*

(b) Reason for discharge.

*Deserted*

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.

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*

*'B'*

*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.

19. Are you now serving in the R.C.T.? If not give - (a) date of discharge.

Signature of Applicant:

*L. Locke*

Place of Residence:

*Little Bay Islands. N. S. Bay*

Declared before me at:

*St. Johns*

This

*13<sup>th</sup>*

day of

*June*

19*.19*....

*Robert also*

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

POST DISCHARGE PAY.

Date paid

Full

Soldier.

Dependent.

War Service

Gratuity.

Net amount

due

.....

.....

.....

Certified correct.

Paymaster

*MADE PAYABLE BY BANK OF ST. JOHN'S*









# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5469 Rank Mr. Name Loeke L.  
 Date of Enlistment 27-5-18 Address Little Bay Falls District St. John's  
 Occupation tailor Classification for Discharge E Medical Category H.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	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 11-6-19 J. M. St.  
 for O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

L. Loeke

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 12-6-19 O i/c. Re-clothing

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *A1744* to his home at *Little Bay Mills* and Release Certificate No. *26-33* issued.

Date .....

*12-6-19*

*J.A. Knowlton*  
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 .....

*12-1-19*

*J.M. [Signature]*  
Depot Paymaster.

Discharge approved for .....

*26-6-19*

Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

Date .....

*12-6-19*

*J.A. Knowlton*  
O. C. Discharge Depot.

### APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date .....

*JUN 28 1919*

*R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....

*June 19/20*

*[Signature]*  
for records

Reg. No. *1489* Rank *Plt* Name *Robert L.*  
Attested..... Address *Little Bay Islands.*  
Allotment..... Allottee.....  
Date of Allotment..... Returned from Overseas *29.1.19.*  
Returned on S.S. *Consular* Cause *Exchange*

*12-6-19*  
*26-1-19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILIZATION.**