



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5913 Name Jeremiah Lockyer Corps Mith

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

- |                                                                                                                                    |                                   |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Jeremiah Lockyer</u> .....  |
| 2. What is your full Address? .....                                                                                                | 2. <u>Woody Island B.B.</u> ..... |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u> .....               |
| 4. What is your age? .....                                                                                                         | 4. <u>29</u> Years .....          |
| 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, Jeremiah Lockyer 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.

Jeremiah Lockyer SIGNATURE OF RECRUIT.

Stuart F. Moulton Signature of Witness.

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

I, Jeremiah Lockyer 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 5th day of August 1918

W. B. Dickson Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date 6-8-18 191 .....

Place St. John's } Approving Officer.

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

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







C.R. 5913,

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  
CONFIRMED by Officer i/c Records from noted date 4-8-19.

5913, Pte. J. Lockyer.

C.R. 5913

Extract from Daily orders Part XI Unit The Royal Field  
Agt. St. John's, July 10th, 1919.

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

5913 Pte. J. Lockyer.

C.R. 5913

Extract from Daily Orders Part III Unit The Royal Nfld.  
Regt. St. John's, July 31st, 1919.

5913 Pts. J. Lockyer.

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



C.R. 5913

Extract from Daily Orders by Major M.S.Sullivan, Commanding  
~~2nd Bn. Royal Nfld. Regt.~~

Commanding Newfoundland forestry Companies, 25-11-18.

The undernoted having arrived from 2nd Bn. Royal Nfld.  
Regt. is attached to the strength from this date and posted to  
"C" Co. for rations.

5913 Pte. J.Lockyer

C.R. 5913

Extract from Nominal Roll Entitled St. John's for Overseas  
Sept. 22, 1918. "LE

5913 Pte. Lockwood Jeremiah.



C.R. 5913

Extract from Daily Orders Part 11 from Unit Royal  
Nfld. Regt. St. John's, dated August 9, 1918.

5913. Pte. Jeremiah Lookyer.

Attested for General service with the Royal Nfld. Regt.  
from 5/8/1918.

J. Lockyer

C.R. 5913

~~FXD~~

6





No. 3566/557

N.F.P./79

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd/Btn. Royal Nfld. Regiment  
Winchester.

5th March 1919

March 7<sup>th</sup> 1919

5913. Pte. Lockyer, J.

Receipt hereunder

With reference to the following telegram from the Minister of Militia ( 61 )

*Keen* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT,  
Officer Commdg. Batt'n.

"Pay to- 5913. Lockyer.

£6. 3. 0.

Received the sum of £6.3.0.

Cheque £6. 3. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*£6 pound three* in respect of telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c Records.

*J. Lockyer*  
No. 5913 Rank Pte.  
Witness *Geo. Perry S/C*

Lockyer, J

5913

Ray Joseph

August 4th 1919.

#5913, Pte. J. Lockyer  
Woody Island. P.B.

Dear Sir:

Enclosed please find Discharge Certificate # 3353.

Yours truly,

Capt. & Paymaster.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5913 Rank Plt Name Lockyer J  
 Intended place of residence Woody Island Placentia

2. Occupation Fisherman  
 Classification of soldier E Medical Category A 2

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

*J. M. S. Lut.*  
 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

*J. Lockyer*  
 Signature of soldier

*J. H. Howley*  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 7 1919

*J. Lockyer*  
 Signature of soldier

*James Newman*  
 Signature of witness  
 SP2

### STATEMENT OF SERVICE

7. Enlisted for service 5-8-18 No. of days on Military  
 Discharged from service 21-7-19 Plus 14 days Service 365

### 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

*A. R. Lodge Capt.*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 4/1919

*J. H. Howley Capt.*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*JUL 13 20791535*

# The Royal Newfoundland Regiment

Class for Demobilization: 7  
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 11.7.19 .....

Regimental No. .... 5913 .....

Name ..... Lockyer J .....

Address ..... Woody Island .....

Present Medical Category..... A-7 .....

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

Members of Board {

RH Last Major  
O.C. Discharge Depot.

W Paterson  
Senior Medical Officer

Geo Borden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5913 Rank Plt. Name Lockyer J.  
 Date of Enlistment 5-8-18 Address Woody Is. District Placentia  
 Occupation Fisherman Classification for Discharge E1 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 4-7-19

O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

[Signature]

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 \_\_\_\_\_

[Signature]

Date 7-7-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2205 to his home at Woody Island and Release Certificate No. 3217 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 4-8-19

Date 7-7-19

*J.A. Snowball*  
Depot Paymaster.

Discharged approved for 21-7-19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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 in Records.  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date JUL 21 1919

*H.P. Cooper Capt*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*J. Lochner*

Signature of Man.

Reg. No. 5913

*J. H. Snowcroft*

Signature of the Vocational Officer or his Representative.

Place

*Mt. John*

Date

*5-7-19.*

191



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

# MEDICAL HISTORY

Surname

*Lockyer*

Christian Name

*Jeremiah*

Table I.—GENERAL TABLE

Birthplace:—Parish

*Woody Island*

County

*Newfoundland*

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined on *5* day of *Aug* 19*18* on day of 191

at *St John's* at

Declared Age *20* years days years days

Trade or Occupation *Foster man*

Height *5* feet *6* inches feet inches

Weight *125* lbs. lbs.

Chest Measurement { Girth when fully expanded *35* inches inches

{ Range of Expansion *3* inches inches

Physical Development

Vaccination Marks {	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Vision { R.E.-V= *6/10* R.E.-V= L.E.-V= *6/12* L.E.-V=

(a) (a)

(a) Marks indicating congenital peculiarities or previous disease

(b) (b)

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

*Samuel Johnson*

(Rank)

Medical Officer

Medical Officer

Enlisted at *St John's* at

on *5* day of *Aug* 191*8* on day of 191

Corps	Regtl. No.	Corps	Regtl. No.
-------	------------	-------	------------

Joined on Enlistment *Royal* *5913*

Transferred to *Regt*

Became non-effective by

on day of 191 on day of 191

(Signature)

(Rank)

[P.T.O.]







# 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

*Lockyer, Jeremiah*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5913*

Intended address

*Woody Isd. N.B.*

Height on discharge

*5* Feet *7*

Color of hair on discharge

*Dark*

Complexion

*Fair*

Color of eyes

*Grey*

Descriptive Marks

*None*

Figure on discharge

*Med.*

Christian name of Father

*Joseph*

Christian name of Mother

*Mary*

Wife's maiden name in full

*—*

Date and place of marriage

*—*

Christian names of children

*—*

Place and date of soldier's birth

*Woody Isd. 15 May. 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)

*J Lockyer*

(Rank)

*Plt.*

Station

*Hq. Nfld. Regt.*

Date

*11-7-19*

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.

Station

Date



**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* }  
 2. Regtl. No. *2913* }  
 3. Rank. *OR* }  
 4. Name *Lockyer* }  
 (Surname) } *Berniah* }  
 (Christian Names)  
 5. Age last birthday *20*  
 6. Posted for duty on ..... at .....  
 in category (or grade) .....  
 7. Former Trade or Occupation } *Fisher*  
 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 (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (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."  
*nil*  
 11. Date of origin of disability.  
 12. Place of origin of disability.  
*nil*  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.  
*nil*



14. State whether the disabilities are
- |                                                                    | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | .....               | .....             |
| (ii.) Previous active service .. .. .                              | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                          | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .             | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | .....               | .....             |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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*

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.

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*

*Captn*

*Laurel*

Medical Officer in charge of case.

Station *St. Asaph, Bournemouth*

Date *9/14/19*

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.

August 12, 1919

Mr. J. Lockyear,  
Woody Island, P.B.

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.



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 20th. 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..... *J. Coe* ..... 2. Surname..... *Coeyen* .....

3. Rank..... *Able* ..... 4. Regtl. No..... *5913* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Woody Island R.B.* .....

6. Date of enlistment in the Regiment..... *August 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..... *No* .....

9. Address in full of such dependents..... *No* .....

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..... *Eleven 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 R.C.S.?..... If not give? - (a) Date of discharge. *Jan. 1919* (b) Reason for discharge. *demobilization*

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: *J. Lochner*

Place of Residence: *Woong Island. P.B.*

Declared before me at: *St John's*

This *7* day of *July* 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.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
-----------	---------------	-----------------	-----------------------	----------------

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

Certified correct.

Paymaster





and have it straitened  
 a bit for me please?  
 he had half his allotment  
 to be sent to me but I  
 have not received any as  
 yet, probably it is due to  
 inconvenience however  
 I hope to receive it soon.

hoping I am not  
 intruding on your unlimited  
 kindness,

I am Dear Sir,

yours respectfully.

Joseph B. Lockyer  
 Woody Island  
 Placentia Bay.  
 Nf.

November 2nd. 1918.

Joseph H. Lockyer,  
WOODY ISLAND, P.B.

Dear Sir:

With reference to your letter of October 8th. I beg to inform you that your son declared his allotment to commence from Sept. 1st., and that the first cheque posted to you, was on October 7th. in payment for the month of September, and no doubt you have received this cheque since writing your letter.

Yours truly,

Lieut.  
For Paymaster







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 Westons*
- 2. Regtl. No. *913*
- 3. Rank. *Plt.*
- 4. Name *Looney* (Surname) *Jeremiah* (Christian Names)
- 7. Former Trade or Occupation } *Intermed*
- 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.
  - (d) Particulars of Pension or Gratuity (if any)
- 5. Age last birthday... *20*
- 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) Where
  - (c) Opinion of Court

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

### Statement of Case.

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

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



14. State whether the disabilities are
- |                                                                 | (a) attributable to | (b) aggravated by |
|-----------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war .. .. .                     | ✓                   |                   |
| (ii.) Previous active service.. .. .                            |                     |                   |
| (iii.) Climate in pre-war service .. .. .                       | ✓                   |                   |
| (iv.) Ordinary military service before the war .. .. .          | ✓                   |                   |
| (v.) Serious negligence or misconduct on the }<br>man's part. } | ✓                   |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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.)

*The Complaints of no disability*

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

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.E. Guinness* *Capt RMC*

Medical Officer in charge of case.

Station *Stokeley Down*

Date *9/4/19*

\* 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

## DEMOBILIZATION OF

Reg. No. 5913 Rank Plt Name Lockyer J  
 Date of Enlistment 5-8-18 Address Woody Is District Placentia  
 Occupation Submarine Classification for Discharge F Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 288	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 4-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*J. Lockyer*  
 APPROVED

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 \_\_\_\_\_

*John L. ...*

Date 7-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2205 to his home at Hardy 95th and Release Certificate No. 3217 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 *J.A. Snowball*  
Depot Paymaster.

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

N.F. P[36	B 268	B 121	N.F. Med	D.F. 1	<i>L Form B</i>
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	
BL79c	B 120	M 93			

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

**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 *H.R. Cooper Capt.*  
for O. C. Discharge Depot.

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

Date July 21 1919