



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. H387 Name Herbert Loveless Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Herbert Loveless</u> |
| 2. What is your full Address? | 2. <u>Green's Pond
Bonaville Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> years Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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, Herbert Loveless 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.

Herbert Loveless SIGNATURE OF RECRUIT.
James Pitman Signature of Witness.

A-6-4-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Herbert Loveless 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

6th April 1918

George Hartley Major 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 191
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)

C.R. 4387

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

The Discharge of the undernoted on demobilization has been CONFIRMED
by Officer i/c Records from 8-8-19.

4387 L/Cpl. H. Loveless.

C.R. 4387

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 24-7-19.

4387 L/Cpl. H. Loveless.

C.R. 4387

Extract from Daily Orders Part III Unit The Royal Field. Regt.
St. John's, July 24th 1919.

4387 L/Cpl. H. Loveless.

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

CP 4387

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

4387 L/C H. Loveless

Embarked for Overseas with draft 11-6-18.

C.R. 4387

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

#4387 Pte. H. Loveless.

To be Lance Corporal from 4/5/18.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, dated April 9th, 1918.

#4387 Pte. H. Loveless.

Attested for General Service with the 1st. Newfoundland
Regiment from 6/4/18.

Lovelace. H

C.R. 4389

P. V. R. 2

No. 7664/1501

FD 0999 55
N.F.P. 1919

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 Batt. Ryl. Nfld. Regiment

WINCHESTER.

19th May 1919.

May 20th 1919.

4387 L/Cpl. H. Loveless

With reference to the following
telegram from the Minister of
Militia / / 19 (192):

Receipt hereunder.
J. H. Loveless
LIEUT. COLONEL.
OFFICER COMMANDING 2ND BATT. RYL. NEWFOUNDLAND REGT.

"Pay to-4387 H. Loveless
£8. 0. 0.

Cheque £ 8. 0. 0s enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of £ 8 0 0.
J. H. Loveless in respect of
telegraphic remittance from the
Minister of Militia.

J. H. Loveless Maj.
Chief Paymaster & O. i/c Records.

J. H. Loveless
No. 4387 Rank *Lieut*

Witness: *Geo Perry*

No: 18533/2026

*065201
JC*



N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

16th November 1918

Nov. 27th 1918

Subject: 4387, Pte. H.J. Loveless C

Receipt hereunder.
Okam

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. _____ Batt'n
Royal Newfoundland Regiment

With reference to the following telegram (9819) from the Hon. Minister of Militia, received

pay to 4387 Loveless £5:3:0

Received the sum of Five
pounds three shillings on account of
cable remittance from Newfoundland.

Draft £ 5:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H J Loveless
No 4387 Rank Pte
23/11/18 Witness: E. Leclerc

M. Hunt

Chief Paymaster & O. i/c Records.

To: - Regimental Paymaster,

R N J

On 20/12/18 an A.F. N.1510 No. 3A/2/1805 was sent you for acceptance for amount of £9:16: on account of

R. Newfoundland Regt., attached to Sch Mish Hayls Is
the first name being 4384 E Loxless Jr.

The acknowledgement portion of the above not having been returned to this office, will you please cause same to be returned immediately or let me know when it may be expected.

Mark Mark
for Command paymaster, Southern Command.

WALSLEY.
25/1/1919.

P/91 2/22

NEWFOUNDLAND CONTINGENT.	
RECORD OFFICE.	
Ref. Nos. IN	✓ 882
Iss'd 27 JAN 1919	
ACTG. PAYMR.,	
SOUTHERN COMMAND.	
A	
BRANCH	
Comd	
P & A	
R & C	

No. 3192/483.

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/Bn. Ryl Nfld. Regt.

Winchester.

25th February 1919

4387. *McC* Loveless. H. J.

With reference to the following telegram from the Minister of Militia (48)

"Pay to- 4387. Loveless.
£8.4.0.

Cheque £ 8.4.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

W. H. Hunt
Chief Paymaster & O. i/c Records.

March 3rd 1919

Receipt hereunder.

Lieutenant
for **LIEUT. COLONEL**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of **£ 8.4.0.**

Eight pounds four in respect of
telegraphic remittance from the
Minister of Militia.

H. J. Loveless
No. **4387** Rank *Lt/c*

Witness *Geo. Perry*
for *L. J. M. S.*

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

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

Regtl. No.	Rank,	Name	Amount	Signature.
1387	4/c.	Lovelace H.	£250	Halbert Jones

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

Date July 1/18

Halbert Jones

Lowell, A

4388

Ag Sept.

August 7th 1919.

#4387, L/C.H.Loveless,
Greenspond,

Dear Sir:

Enclosed please find Discharge Certificate
3539.

Yours truly,

Capt.&
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4387 Rank Lt Cpl. Name Loveless H.
 Intended place of residence Greenspond
 2. Occupation Labourer
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 10 1919

H. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 10 1919

H. J. Loveless
 Signature of soldier
W. J. Beaton
 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 10 1919

H. J. Loveless
 Signature of soldier
W. J. Beaton
 Signature of witness

25
31
30
31
7
24

STATEMENT OF SERVICE

7. Enlisted for service 6-4-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 489

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, 14 twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 24 1919

H. R. Cooper
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 7/1919

M. Bowley
 Officer in Records
 The Royal Newfoundland Regiment

207913529

The Royal Newfoundland Regiment

Class for Demobilization:

76/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *41387*

Name *Lowless H*

Address *Greenpond*

Present Medical Category *A7*

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

RH Lat Major
O.C. Discharge Depot.

Members of Board {

Paterson
Senior Medical Officer

Swoboden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1387 Rank Lt Colonel Name Lowrey A
 Date of Enlistment 6-1-18 Address Greenwood District Paradise
 Occupation Labourer Classification for Discharge Eq Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st	" 2.
B 178a	D 400A	B 1915	do 2nd	" 3.
B 179	D 400B	Form L	do 3rd	" 4.
B 179a	D 400C	Form K	do 4th	" 5.
B 179b	B 108	ME 2		" 6.
B 179c	B 120	M 93		

Date 8-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

A J Lowrey

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$600
 (b) Clothing Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2374 to his home at Greenspond and Release Certificate No. 3422 issued.

Date 10-7-19

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 7-8-19

Date 10-7-19

H. H. [unclear]
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
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		

2 Form B

Date 10-7-19

J. A. Knowlton
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

N. R. Cooper
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.

H. J. Towless

Signature of Man.

Reg. No. 4387

J. J. Howlett
Signature of the Vocational Officer or His Representative.

Place

St. Johns

Date

10-7-19

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

MEDICAL HISTORY

Surname Louless OF Christian Name Herbert J.

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>6th</u> day of <u>April</u> 191 <u>8</u> at <u>S. Johns</u>		on _____ day of _____ 191 _____ at _____	
Declared Age ...	<u>18</u> years _____ days		years _____ days	
Trade or Occupation ...	<u>habauner</u>			
Height	<u>5</u> feet <u>6</u> inches		feet _____ inches	
Weight	<u>119</u> lbs.		lbs. _____	
Chest Measurement {	Girth when fully expanded... <u>34 1/2</u> inches		_____ inches	
	Range of Expansion... <u>3 1/2</u> inches		_____ inches	
Physical Development....				
Vaccination Marks {	Arms /		Arms /	
	Number /		Number /	
When Vaccinated				
Vision	R. E.—V= <u>6/12</u>		R. E.—V= _____	
	L. E.—V= <u>6/12</u>		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>Lamont Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>S. Johns</u> on <u>6th</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191 _____	
Joined on Enlistment....	Corps. <u>The Royal</u>		Corps. _____	
	Regtl. No. <u>4387</u>		Regtl. No. _____	
Transferred to	<u>W. Flabert</u>			
Became non-effective by	on _____ day of _____ 191 _____		on _____ day of _____ 191 _____	
(Signature)				
(Rank)				

From : Ophthalmic Surgeon. Central Military Hospital.

TO : Medical Officer in Charge

R. H. Fed.

Hazelby Down

13/24 191*9*

" REPORT OF VISION "

No

4387 Lt Col Lovell

R.E. $\frac{6}{12}$
V.A.

With correct-
ing lenses.

R.E. $\frac{6}{6}$

Eye ..L.E.

$\frac{6}{24}$

L.E. $\frac{6}{3}$

*Hypermetropia
Harm admet*

A. C. Jones
Capt. R.A.M.C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this Man's
Medical History Sheet for future reference please.



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 *Lovells, Herbert.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4387.*

Intended address *Greenford.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light Brown.*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Edward.*

Christian name of Mother *Margaret.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Greenford - May 27 - 1900*

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)

Herbert J Lovells (Rank) *R/S.*

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

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 Artillery (expounded band)* 7. Former Trade or Occupation *Labourer*
2. Regtl. No. *4387* 3. Rank. *plc.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps, with Regtl. Nos.
4. Name: *Lovells* *Herbert J*
(Surname) (Christian Names)
5. Age last birthday... *17*.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
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 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 ?

See Complaints of his 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 ?

Repatriation

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

W. E. Proemier, Captain R.A.M.C.

Medical Officer in charge of case.

Station *Mozley Barracks*

Date *2/4/19*

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

August 15, 1919

Mr. Herbert Loveless,
Greenspond.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Herbert John*..... 2. Surname *Herbert John Lovelace*

3. Rank *Lance Corporal*..... 4. Regtl. No. *4387*.....

5. Address in full to which future payments of gratuity are to be forwarded.....

Mrs Margaret Lovelace, Green Road.....

6. Date of enlistment in the Regiment *April 6 1918*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*.....

8. Relationship of such dependents *None*.....

9. Address in full of such dependents *None*.....

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 *Newfoundland*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *3 months Newfoundland*
12 Newfoundland.....

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

..... *Yes*

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

..... *Yes*

15. Have you been issued with a War Service Badge?

..... *Yes*

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

..... *Yes*

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.

..... *Yes*

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

..... *Yes*

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

..... *Yes*

19. Are you now serving in the Regt.? *Yes* ... If not give:- (a) Date of discharge.

19 July 1919 (b) Reason for discharge. *Demoted*

.....

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.

..... *Yes*

.....

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.

..... *Yes*

.....

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: *Herbert John Loukas*
 Place of Residence: *Drums Pond*
 Declared before me at: *St Johns*
 This *16th* day of *July* 19*19*...

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

Wm James D.

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

6 Adelaide St
St Johns

Aug 26/9

Dear sir

I was informed by Mrs Heridity
that damage done to her both cases
charged to us fifteen dollars among that
please take my Lot out of my Money
and so cease further trouble

yours truly
Herbert J Lovell

June 12 1920

Major Howley
O. I. C. Records

Please pay to H. Loveless, 4387
the sum of sixty dollars
in payment of six P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$60.00

Pension

Nil

F. C. R. G. W. Marshall

Vocational Officer

H. Loveless

ACCOUNT		INITIALS	WJ
CHK. NO.	39367	INITIALS	
INL. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Herbert J. Loveless

in respect of his service as No. 4387 Rank Pte. L.C.

Name H.J. Loveless

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Nov 5

Signature

H.J. Loveless L.C.

Date

Nov 16

Address

Greenpond Bonavista Bay

[P.T. 0.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Regiment of De Rome RfdNumber of Sheet oneSignature of O. C. Company W. James Hunt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay 4-5-12 Promoted lance to corporal.
No.	<u>11397</u>	Age on	<u>18</u> years - months	<u>Meth</u>	
Joined	Date	Place and Date of Enlistment	<u>St. Paul</u>	Religion	
Joined	Date	Period of	with Colours <u>124</u> years. with Reserve <u>36.5</u> years.	Religion	
Joined	Date			Place of Birth	<u>Labouca</u>
Joined	Date			<u>Greenspond</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hoyleydown Camp</u>	<u>21-1-19</u>	<u>2nd Lt.</u>		<u>Overstaying pass from 23.59 block 21-1-19 to 10.50 block 22-1-19 (15 hours)</u>	<u>W. L. Ligon</u>	<u>Admonished</u>	<u>24-1-19</u>	<u>Major March</u>	<u>4 of 10 days pay</u> <u>Eng. Rtd.</u>
				<u>Demobilized Pt. Johnis, 7/19</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1587 Rank Sygraph Name Loxless A
 Date of Enlistment 6-11-18 Address Greenwood District Bona Vista
 Occupation Labourer Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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	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 8.7.19

Miss H
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am Loxless in a position to resume civilian occupation.

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 Miss H

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2374 to his home at Grand Rapids and Release Certificate No. 3422 issued.

Date 10-7-19

J. A. Snow
Demobilization Officer

4. Pay and Allowances.

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

Date 10-7-19

H. H. Huns
Depot Paymaster.

Discharge approved for.....

24-7-19

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.....		

2 Form B

Date 10-7-19

J. A. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

H. R. Cooper
O. C. Discharge Depot.

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

Date July 31/19

H. H. Huns

Reg. No. *4387* Rank. *LC* Name. *Loveless H J*

Attested Address. *Greenford*

Allotment..... Allottee ..

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

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

4.7.19
24.7.19

DISCHARGE APPROVED ON DEMOBILISATION

PASSED TO DEMOBILIZATION OFFICER

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 Artillery* 7. Former Trade or Occupation } *Labourer*
2. Regtl. No. *4284* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Loveless* *Herbert J.* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *19*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *Nil*
12. Place of origin of disability. *Nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Nil*

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

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

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

He complains 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 invalidated at Foreign Stations.

Repatriation

W. E. Procter, Capt. R.A.M.C.

Station .. *Hazley Barr*

Medical Officer in charge of case.

Date .. *9/1/19*

* 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