



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5557 Name Stanley Lush and Metz

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

1. What is your name? ..... 1. Stanley Lush
2. What is your full Address? ..... 2. Burlington N.B.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 13 Years 1 Months
5. What is your Trade or Calling? ..... 5. Seaman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Stanley Lush 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.

Stanley Lush SIGNATURE OF RECRUIT.

Metz Signature of Witness.

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

I, Stanley Lush 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 Metz on this 28 day of May 1915.

Signature of Attesting Officer P. Dicks Lieut

### † 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 ..... 1915 } Approving Officer.  
Place .....

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

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

C.R. 5557

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

The discharge of the unstrnoted has been CONFIRMED by  
Officer i/c Records from 7-0-19.

5557 Pte. S. Lush.

C.R. 5557

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, 15-7-19.

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

5557 Pte. S.Lush.

C.R. 5557

Extract from Daily Orders War Office, The Royal Wfld.  
Regt. St. John's, July 3rd, 1919.

5557 Pte. S. Lush.

Reported at Headquarters 1st Div. 1919 on "Onsagera" which  
sailed Glasgow June 24th, 1919.

C.R. 5557

Extract from Daily Orders by Major M.S.Sullivan, Commanding  
Nfld. Forestry Companies 26-11-18.

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

5557 Pte. S.Lush

C.R. 5557

Extract from Daily Orders Part 21 Unit The Royal 22nd. regt.  
St. John's, dated Sept. 6th, 1918.

The Undersigned has proceeded to R.H. Coy's Dry Dock, St. John's  
2-3-18.

5557 Pte. S. Lush.

C.R. 5557

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

5557 Pte. Lush Stanley.

C. 12 Counter No. 5557

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address **St. John's, Dept. of Militia.**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|-------------|-----|----|------|----|-------|

Dated **Oct. 23, 1918.**

To **Insh Bros.,  
Burlington.**

**Req to inform you that #5557 Pte. Stanley Insh, went overseas,  
Sept. 22nd, 1918.**

**J.R. Bennett,  
Minister of Militia.**

C.R. 5557



## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 57 Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check 10/- No. \_\_\_\_\_Place from Burlington 23To N.R.B.

J. R. Bennett  
Man of militia



Please advise if  
 5557 Pte Stanley  
 Lush has gone across  
 Lush Bros

Big to inform you that 5557 Pte Stanley Lush  
 went overseas Sept 22<sup>nd</sup> 1918 ~~sent~~

C.F. 5557

Extract from Daily Orders Part 11, from Unit The Royal  
Nfld. Regt. St. John's dated June 1st, 1918

#5557 Pte. S. Lush

Attested For General Service with the Royal Nfld. Regt.  
from 31.5.18

S. Lusk

C.R. 5557

1896



No. <sup>22</sup>4538/661

N.F.F./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,  
2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

21st March 1919

5557 Pte. Lush W. S

With reference to the following  
telegram from the Minister of  
Militia / / ( 86 )

"Pay to- 5557 Lush,  
£9:17:0

Cheque £9. 17. 0 is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

*A. A. Mitchell Maj.*  
Chief Paymaster & O. i/c Records.

*March 24 1919.*

Receipt hereunder.

*Wm J. [Signature]*  
Officer Commdg. 2nd Batt'n.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
LIEUT. COLONEL.

Received the sum of nine

Pounds, Seventeen in respect of  
telegraphic remittance from the  
Minister of Militia.

*S. Yush.*  
No. 5557 Rank Pte.

Witness *J. J. Walshd/c*

No. 20759/2556

N.F.P./79.

066217

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.

17th December 1918

December 25<sup>th</sup> 1918

Subject: 5757, Pte. S. Lush,

Receipt hereunder.

With reference to the following telegram (10731) from the Hon. Minister of Militia, received

*W. A. H. for Capt & Adj. for  
Officer Commdg ~~Squad~~ ~~Co~~  
Royal Newfoundland Regiment.*

Pay to ~~£34.18:0~~ 5757 Lush £9:18:0

Received the sum of Nine Pounds

Draft £9:18:0 is enclosed for payment to this Soldier.

Eighteen Shillings on account of cable remittance from Newfoundland.

Kindly obtain his receipt hereon.

S. Lush

*A. C. Minard Maj.*  
Chief Paymaster & O. i/c Records.

No. 5567 Rank pte

Witness J. W. Harris C.S.M.

Lush, L.

5557

Hay Sept.

August 7th 1919.

#5557 Pte.S.Lush,  
Burlington N.D.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3576.

Yours truly,

Capt.& P

Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5557 Rank PC Name Lush S.  
 Intended place of residence Burlington

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 10 1919

*[Signature]*  
 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

Date .....

*[Signature]*  
 Signature of soldier

*[Signature]*  
 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

Date .....

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 31-5-18 No. of days on Military  
 Discharged from service 24-7-19 Plus 14 days Service 434

### 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 24 1919

Date .....

*[Signature]*  
 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

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*[Handwritten Reference Number]*  
 27 B 20 79 13576

1  
20  
37  
7  
a

# The Royal Newfoundland Regiment

Class for Demobilization

*167*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*8.7.19*

Regimental No.

*5557*

Name

*Lush Stanley*

Address

*Burlington*

Present Medical Category

*A 7*

Recommended for:—

- (a) Immediate discharge .....
- (b) ~~Standing Medical Board~~ .....

Members of Board

*R. J. Last*  
O.C. Discharge Depot.

*L. Paterson*  
Senior Medical Officer

*Geo. B. See*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5537 Rank. Plt Name Leitch, D  
 Date of Enlistment 31.5.19 Address Burlington District St. John's  
 Occupation Soldier Classification for Discharge 6 Medical Category 13  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 9.7.19O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am.....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 £6(b) ~~Clothing~~ Supplied [Signature]Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>R2390</sup> to his home  
 at Burlington and Release Certificate No. 3412 issued

Date 10-7-19

*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 7-5-19

Date 10-7-19

*K. M. ...*  
 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 |
| E 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 10-7-19

*J.A. Snowball*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 24 1919

Date .....

*L.R. 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.

Signature of Man.

Reg. No. 3331 A Lusk

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

10-7-19.

191

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

# MEDICAL HISTORY

OF

Surname Lush

Christian Name Stanley

Table I.—GENERAL TABLE.

Birthplace:—Parish Burlington N.B. County Nfld.

|   | SPECIAL RESERVE        |                                     | REGULAR ARMY |                  |
|---|------------------------|-------------------------------------|--------------|------------------|
|   | on                     | day of                              | on           | day of           |
| Examined  | 31 <sup>st</sup>       | May                                 |              | 1918             |
| at  | St John's.             |                                     | at           |                  |
| Declared Age  | 23                     | years                               |              | days             |
| Trade or Occupation   | Fisherman              |                                     |              |                  |
| Height  | 5                      | feet 11 <sup>1</sup> / <sub>2</sub> |              | inches           |
| Weight  | 152                    |                                     |              | lbs.             |
| Chest Measurement   | 37                     |                                     |              | inches           |
|   | 4.                     |                                     |              | inches           |
| Physical Development  |                        |                                     |              |                  |
| Vaccination Marks   | Right                  | Left                                | Right        | Left             |
|   | /                      |                                     | /            |                  |
| When Vaccinated   |                        |                                     |              |                  |
| Vision  | R.E.—V=                | 6/10                                | R.E.—V=      |                  |
|   | L.E.—V=                | 6/10                                | 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>Lammie Paterson</u> |                                     |              |                  |
| (Rank)  | Major                  |                                     |              |                  |
|   | Medical Officer.       |                                     |              | Medical Officer. |
| Enlisted  | at                     | St John's.                          | at           |                  |
|   | on                     | 31 <sup>st</sup> day of May         | on           | day of 1918      |
| Joined on Enlistment  | Corps.                 | Royal Nfld Regiment.                | Corps.       |                  |
|   | Regtl. No.             | 5587                                | Regtl. No.   |                  |
| Transferred to  |                        |                                     |              |                  |
| Became non-effective by   | on                     | day of 1918                         | on           | day of 1918      |
| (Signature)   |                        |                                     |              |                  |
| (Rank)  |                        |                                     |              |                  |





## 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 *Lusk Stanley*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1107*

Intended address *Bulking Ln. S.P.S.*

Height on discharge *6* Feet *0*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father *Wm.*

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 *Bulking Ln. S.P.S. 1896, March 2<sup>nd</sup>*

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) *Stanley Lusk* (Rank) *Plt*

Station *ST. JOHN'S* Date *1.1.19.*

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

Medical Officer i/c Hospital.  
Unit or Command Depot.

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 2nd (Cape Mounted) Coy.* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5557* 3. Rank. *PR* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Rush* *Stonley* (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)
5. Age last birthday *33*
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 ?

*Recomplaints of no Disability*

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

15. What is his present condition ?

*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

*Repatriation*

*W. E. Proctor*

*John R. [unclear]*

Station *Hooley Down*

Date *9.1.19*

Medical Officer in charge of case.

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

7  
August 15, 1919

Mr. Stanley Lush,  
Burlington,  
Green Bay.

Dear Sir:-

Referring to your application I enclose cheque for  
Seventy dollars (\$70.00); be in 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..... *Shawley* ..... 2. Surname..... *Rush* .....

3. Rank..... *Able* ..... 4. Regtl. No..... *5557* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Burlington Green Bon* .....

6. Date of enlistment in the Regiment..... *Mar 21/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *no* .....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in 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..... *fourteen 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 Rest? If not give - (a) Date of discharge. (b) Reason for discharge.

.....  
.....

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.

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.

*July 24/19*  
*Remob*

*England*

Signature of Applicant: *A Lusk*  
 Place of Residence: *Burlington, Green Bay,*  
 Declared before me at: *Dr John used*  
 This *10* day of *July* 19...*U.S.*...

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

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



Nov. 14. 18.

Mrs. Mary Ann Lush,  
BURLINGTON.

Dear Madam:

With reference to your letter of recent date concerning the allotment of your son, No. 5557, Pte. Stanley Lush, I beg to state that the information I gave you on my previous letter was quite correct, viz: that your son declared his allotment to commence from July 1/18, and not from the date of his enlistment; therefore the first cheque was posted to you on Aug. 7th. in payment for the month of July.

Yours truly,

Lieut.  
For Paymaster

7

October 21, 1918.

Mrs. Mary Ann Lush,  
BURLINGTON.

Dear Madam:

With reference to your letter of  
October 15th. I beg to inform you that your son declared  
his allotment to commence from July 1st, therefore the  
first cheque he would receive would be on or about the  
7th. of August in payment for the month of July.

Yours faithfully,

Lieut.  
For Paymaster

Manufacturers of  
All kinds of Lumber  
Ship's Lumber  
A Specialty

# Lush Brothers

GENERAL MERCHANTS

BUYERS OF ALL KINDS OF FISHERY PRODUCE

Packers of  
Scotch Cure and  
Local Herring  
General Dealers in  
Fishery Supplies

Renderers of Medicinal Oil.

BURLINGTON, Nfld., Oct 15th 1918

J. M. Howley  
Dept. of Militia  
St Johns,

2980

Dear Sir:-

I wish to  
Inform you that I have only received  
3 Payments from your Department -  
for my son Paul, Stanley Lush  
Whos Allot. Number is 6228 I should  
have paid for June and July.

I have received Payment for  
August Sept. and October will  
you please give this your best  
attention and Oblige

Awaiting your anticypals

I am  
yours etc

Mrs Mary Ann Lush

Account Commenced  
July 1st 1918  
WLB

Manufacturers of  
All kinds of Lumber  
Ship's Lumber  
A Specialty

# Lush Brothers

GENERAL MERCHANTS

BUYERS OF ALL KINDS OF FISHERY PRODUCE

Packers of  
Scotch Cure and  
Local Herring  
General Dealers in  
Fishery Supplies

Renderers of Medicinal Oil.

BURLINGTON, N.C., 1918

H. M. Maeldick

Lieut.

For Payment  
Dear Sir

*Here's no mistake  
about this, account  
made by Lieut. Maeldick  
signed June 27<sup>th</sup> 1918  
commence payment  
any time Lush and  
July 1<sup>st</sup> 1918*

Your letter of Oct 21<sup>st</sup> -  
with to inform  
you my son Pvt. Stanley Lee No 5557.  
Pay was done me July 7<sup>th</sup> not August  
the sum he left here May 26<sup>th</sup> and  
went on duty June 6<sup>th</sup> you must be  
mistaken when you say he declared his  
his allotment to commence from July 1<sup>st</sup>  
Will you please see to this matter  
immediately and save further trouble  
I am

Yours etc

Mary Ann Lush

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet

*one*

Signature of O. C. Company

*C. Dicks*

| Regimental Number and Name |                           | Enlistment                   |                                   | Trade               |
|----------------------------|---------------------------|------------------------------|-----------------------------------|---------------------|
| No.                        | <i>5527 Stanley Light</i> | Age on <i>23</i> years       | months                            | <i>Fisherman</i>    |
| Joined                     | Date                      | Place and Date of Enlistment |                                   | Religion            |
| Joined                     | Date                      | <i>St John's 31 5 18</i>     |                                   | <i>Method</i>       |
| Joined                     | Date                      | Period of                    | with Colours <i>170</i> years.    | Place of Birth      |
| Joined                     | Date                      |                              | with Reserve <i>36 1/2</i> years. | <i>Burleyton NB</i> |

Good Conduct Badges, Service pay or proficiency pay

| Place | Date of Offence | Rank | Class of Breach - fines | OFFENCE            | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|-------------------------|--------------------|-------------------|--------------------|---|-----------------|---------|
|       |                 |      |                         | <i>Demobilized</i> | <i>St John's</i>  | <i>8 19</i>        |   |                 |         |

To be carried over.

Army Form B. 121.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5557* 3. Rank. *Pte*
4. Name *Lush* *Stanley*  
 (Surname) (Christian Names)
5. Age last birthday... *23*.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade } *Fisherman*  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
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  
 (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."
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? }

*The complainee's disability*

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.)*

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.B. Proenier Capt Rame*

Station *Deazley Down*

Medical Officer in charge of case.

Date *1/14/19*

\* 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.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5557 Rank PLt Name Lush, S  
 Date of Enlistment 31.5.18 Address Burleigh Ave District Dunlop  
 Occupation Fisherman Classification for Discharge 6 Medical Category PS  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 9.7.19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**  
 I am ..... in a position to resume civilian occupation. S Lush

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 10-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192390..... to his home at Burlington and Release Certificate No. 3412 issued.

Date 10-7-19

*J.A. Snowe*  
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 7-5-19

Date 10-7-19

*J.A. Snowe*  
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 |
| F 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 10-7-19

*J.A. Snowe*  
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

JUL 24 1919

Date .....

*D.R. Cooper*  
O. C. Discharge Depot.

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

Date July 31 1919

*[Signature]*

Reg. No. *5857* Rank *Y6* Name *Lush S.*

Attested ..... Address *Burlington*

Allotment ..... Allottee .....

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

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

*9.7.19*  
*24.7.19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**