



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4937 Name Gregory Lyver Corps R. I.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Gregory Lyver
2. What is your full Address? 2. Fortune St
n D. B
3. Are you a British Subject? 3. yes
4. What is your age? 4. 19 Years 2 Months
5. What is your Trade or Calling? 5. Lumberman
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

Gregory Lyver 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.

Gregory Lyver SIGNATURE OF RECRUIT.
James Arklie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Gregory Lyver 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 6th day of May 1915

Signature of Attesting Officer James Arklie

† 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

Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Gregory Lyver
 Apparent age 19 years 2 months. Height 5 feet 10 1/4 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Lyver Fortune Str., n DB
 | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>6-5-18</u>									
Joined <u>St. As</u> on <u>July 6th 1918</u>									
<u>Discharged July 1919</u>									
<u>Embarked St. As train to Halifax N.S. 11th 6th Embarked for B.L.A. 26-10-18</u>									
<u>Re-embarked France 26-10-18</u>									
<u>Joined Battle France 3rd 1st Transferred from Lower 25th to Avion No. 25th</u>									
<u>to be found for demobilization 22-5-1919</u>									
<u>Avion fld 1-6-1919</u>									
<u>Demobilization St. As 9-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-7-1919 (date of discharge) 1 years 65 days
 " " Pensions " " " " " " " " " " " "

C.R. 4937

Extract from Daily Orders Part II Unit Royal
Newfoundland, dated 12-7-19. Depot St. John's.

The ~~is~~ discharge of the undernoted on demobilization
has been CONFIRMED by Officer i/c Records from noted
date 9-7-19.

4937, Pte. G. Lyver.

C.R. 4937

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

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 21-6-19.

25-6-19

4937 Pte. Gregory Lyver.

C.R. 4937

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 14th, 1919.

4937 Pte. Gregory Lyver.

Reported at Headquarters 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R.

4937

Extract from Memorial Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rowen Camps 23/4/19, embarked at Havre 28/4/19,
disembarked at Southampton 28/4/19 and reached
Hazeley Down Camp 28/4/19.

#4957 Pte. G. Lyver.

4937

C.R. 4937

Feb. 5th 1919.

Mrs. Jas. Lyver,

Fortune Hr., N.D.B.

Dear Madam:

I beg to inform you that we have received an answer to the enquiry that we forwarded to our Pay & Record Office, London regarding No. 4937 Pte. Gregory Lyver, which states that he is now with the 1st Battalion of the Royal Newfoundland Regiment on Active Service and in good health. Any further information that we get concerning him will be at once communicated to you.

Yours faithfully,



Lieut.

Casualty Officer.

C.R. 4937

January 30th 1919.

Mrs. James Laver,
Fortune Hx.N.D.B.

Dear Madam:

I am directed by the Minister of Militia to acknowledge receipt of your telegram of January 29th, in which you are making enquiries regarding your son No.4937 Pte.Gregory Laver, and in reply I beg to state that I have forwarded your enquiry on to our Pay and Record Office, London, asking them for full particulars regarding his whereabouts, and upon receipt of a reply I will immediately communicate with you.

Yours faithfully,



Lieut.

Casualty Officer.

C.R. 4937

Extract from telegram from Syn. to Mil. dated Feb. 3/1919.

In answer your telegram Jan. 30th.,

with Ist. Battalion.

#4937 Lyver.

C.R. 4937

Extract from telegraph to Syn. from Mil. dated Jan. 30th, 1919.

Inform whereabouts 4937 Lyver.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 26 Sent by

Rec'd by

Check

No.

Place from

To



Fortune h
 J R Kenne
 min Militia
 4937 Phe Gregory
 Lyver hpld regt
 not heard from
 for four months
 Could you kindly
 Give me any information
 Mrs Jas Lyver

C.R. 4937

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. By Lt. Col. G.T. Mathias, D.S.O. Commanding 1st
Battn. 3-11-18.

The following joined the Battn. 3-11-18.

4937 Pte. G. Lyver.

C Coy.

C.R. 4937

Extract from General Order Re-Enforcement Draft No. 55, Dated 10/10/18, from 2nd Batta, Royal Newfoundland Regiment, Havelock House Camp, to 1st Batta, Royal Newfoundland Regiment, N.S.F.

4937 *te. Lyver, G.

C.R. 4937

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

4937 Pte J. Lyver

Embarked for Overseas with draft ~~June 14th~~ 11-6-18

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 7, 1918

#4937 Pte. G. Lyver.

Attested for General Service with the Royal Nfld. Regt.
from 6.5.18

J. Lyver

C.R. 4937

~~100~~

Medical Report on an Invalid.

Station Hazley D Camp
Date 30 4 19

- | | |
|---|--|
| <p>1. Unit <u>Royal Newfld</u>
2. Regimental No. <u>4937</u>
3. Rank <u>Pte</u>
4. Name <u>Liver G.</u>
5. Age last birthday <u>20</u>
6. Enlisted { on <u>5 5 18</u>
 { at <u>St John</u></p> | <p>7. Former Trade or Occupation <u>Lumberman</u>
7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.</p> |
|---|--|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil

nil

nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

See complaint for details

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

na

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

na

16. Was an operation performed? If so, what?

na

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

na

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit, or
(b) Change to England?

na

Major J. D. Jones

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H.N. Camp*

Officer in charge of Hospital.

Date *20 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.

† Delete this word if no exceptions are to be made.



FORM K

Nº 3953



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Gregory Lyver, Regl. No. 4937

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3854	mother	mes James (Katherine) Lyver	Fortune Ave n DB	
Total Allotment, \$				<u>608</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
Officer Commanding
a Company
[Signature]
May 16th 1918

(Sig.) Gregory Lyver
(Rank) Pte

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

Sir:-
Please charge the amount 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 the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1937	Plt	Lester J.	\$2.50	G. Sykes

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

G. Sykes

Date

July 1/18

Lynch, Gregory

4957

Ray sept.

July 8, 1919

#4937 Pte. Gregory Lyver,

Fortune Hr., F.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2843.

Yours truly

Captain
Paymaster & O.I/c Rec rds.

The Royal Mld. Regiment

DEMOBILIZATION

No. *4937* Rank _____

Name *Lynch. A.* _____

Warned for demobilization on

JUN 11 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4937 Rank Pvt. Name Lynn Gregory
 Intended place of residence Fortune H²

2. Occupation Lumberman
 Classification of soldier F Medical Category A¹

3. The above named man is discharged in consequence of... DEMOBILIZATION.....

Eligible for War Service Gratuity

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

Place JUN 11 1919.....

Date ST. JOHN'S..... *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 and date ST. JOHN'S.....
JUN 11 1919.....

Lynn Gregory
 Signature of soldier

W. L. G. G.
 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 and Date JUN 11 1919.....

ST. JOHN'S.....
Lynn Gregory
 Signature of soldier
James G. G.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6-5-18..... No of days on Military
 Discharged from service JUN 25 1919 plus 14 days..... Service 430.....

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

Date JUN 25 1919.....

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's.....
 Date July 9/1919.....
W. L. G. G.
 Officer in Charge
 The Royal Newfoundland Regiment

W. L. G. G.
 W. L. G. G. 2079/2843

The Royal Newfoundland Regiment

Class for Demobilization:

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.6.19

Regimental No 4937

Name Lynes Gregory

Rank Plt

Address Fortune St H.B.

Present Medical Category Ai

Recommended for :-

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R.H. Last Capt
O.C. Discharge Depot.

L. Peterson
Senior Medical Officer

G.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4937 Rank Plt Name David Gregory
 Date of Enlistment 6-2-18 Address Port Henry, N.S. District St. John's
 Occupation Lumberman Classification for Discharge 1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 177	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 10-6-19

H. M. W. #
O. C. Discharge Depot.

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 #6.00

(b) Clothing Supplied _____

Date 11-6-19

Al. Johnston
O. C. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1725 to his home at Fortune Hs and Release Certificate No. 2619 issued.

Date

11-6-19J.A. Snow Capt.

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 9-7-19

Date

11-6-19H.M. West
Depot Paymaster.

Discharge approved for

25-6-19

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

N.P. 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 400H	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

11-6-19J.A. Snow Capt.

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

JUN 25 1919

Eligible for War Service Gratitude

Date

R.H. Sait 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

E. L. Loper

Signature of Man.

Reg. No. *4937*

J. P. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

11-6-19

191

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

MEDICAL HISTORY

Surname Lyster OF Christian Name Gregory

Table I.—GENERAL TABLE.

Birthplace:—Parish Fortune Hr., N.D.B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	6th day of May 1918	St John's, Nfld.	day of	191
Declared Age	19 1/2 years	— days	years	days
Trade or Occupation	Lumberman			
Height	5 feet	10 1/2 inches	feet	inches
Weight	155 lbs.			lbs
Chest Measure- ment	Girth when fully expanded	38 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammie Robinson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Nfld.</u>		at	
	on	6th day of May 1918	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld. Regt.</u>			
	—4937			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(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 *Gregory Lyver*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *4937*
 Intended address *Fortune Hs. N.S.B.*

Height on discharge *5* Feet *11*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *Catherine*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Fortune Hs. Feb 5th, 1899*

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) *Gregory Lyver*

Pte
(Rank)

Station **ST. JOHN'S.**

Date *9-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



Medical Report on an Invalid.

Station Hazley DownDate 30/4/19

1. Unit Royal Newfld.
2. Regimental No. 4937
3. Rank Pte
4. Name Spicer J.
5. Age last birthday 20
6. Enlisted { on 5-5-18
at St Johns
7. Former Trade } Lumberman
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- mg

13. What is his present condition?

*no complaint of no
susability*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

no

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

no

16. Was an operation performed? If so, what?

no

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

no

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

no

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

W.A.K.

Major. Dabms

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station Stazley Down

Date 30-4-19

Officer in charge of Hospital.

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rules of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degree of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures: — _____ President.

Station _____ Members.

Date _____

Approved. _____

Station _____ Administrative Medical Officer.

Date _____

*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.

† Delete this word if no exceptions are to be made.

Casualty Form - Active Service.

Regiment or Corps. ROYAL NEWFOUNDLAND REG

Rank Pte Surname Lyons Christian Name Gregory
 Religion W.C. Age on Enlistment 19 years 12 months
 Enlisted (a) 4/11/18 Terms of Service (a) 5 years 4 months
 Date of promotion to present rank 12/12/18 Date of appointment to lance rank 4/11/18
 Extended Y Re-engaged Y Qualification (b) Platoon Sergeant
 Occupation Lumberman or Corps Trade and Rate Platoon Sergeant
 Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority is to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Files B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...		26 OCT 1918	
		Disembarked...		3 NOV 1918	
		Injured Battaliling			
		Arrived in U.K.		13/12/19.	

[Handwritten initials]

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Equalizer, Shooting Smith, 26 (11798), W.L. 1181-P 1174, 1,000,000, 6/18, D.A.M. 1915, W.125, (H. 1266).

Next of kin Father, James Lyons, Fortune St. W.B.B. Wld.

July 11, 1919

#4937 Pts. Gregory Lyver,

Fortuna Hk., H.D.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

Paymaster & U.i/c Records. Captain,

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. *Gregory*..... 2. Surname. *Ryder*.....

3. Rank. *Pvt*..... 4. Regtl. No. *4937*.....

5. Address in full to which future payments of gratuity are to be forwarded. *Fortune St. N.S.B.*.....

6. Date of enlistment in the Regiment. *May 6/18*.....

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.

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. *From May 6/18*.....

to June 11/19..... 13.

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

No

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?

No

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

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

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

No

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

19. Are you now serving in the Rest? If not give - (a) date of discharge, (b) Reason for discharge.

No
June 11/19
Temporary *Deus beligeron*

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.

France Belgium Germany - From Oct. 1918 to Sept 1919

21. (c) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

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.

22. If you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England, was such reversion in consequence of misconduct or inefficiency?

Signature of Applicant: *Lyover*
 Place of Residence: *Fortune Ar. N.S. B.*
 Declared before me at: *St. John's, Nfld.*
 This *11th* day of *June* 19*19*...

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

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Gregory Lyver, Regl. No. 4937
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{of} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3854	mother	Mrs James (Katherine) Lyver Fortune	A m D B	
Total Allotment, \$				<u>604</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)

[Signature]

Officer Commanding
a. Company

(Sig.)

[Signature]

(Rank)

[Signature]
May 16th 1918

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39Number of Sheets oneRegiment of Royal New ZealandSignature of O. C. Company James Guit

Regimental Number and Name		Enlistment		Trade	Good Conduct Badge, Service pay or proficiency pay
No.	<u>Syver G.</u>	Age on	<u>19</u> years <u>0</u> months	<u>Serviceman</u>	
Joined	Date	Place and Date of Enlistment	<u>Stokes</u> <u>6.5.18.</u>	Religion <u>R.C.</u>	
Joined	Date	Period of	with Colours <u>6 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date			<u>Fortune Hill N.S.W.</u>	
Joined	Date				

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
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				<u>Demobilized</u>	<u>Stokes</u>	<u>9 7/19</u>			
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To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOLIBILIZATION OF

Reg. No. 4937 Rank Plt. Name Lloyd Gregory
 Date of Enlistment 6-2-18 Address Port Louis, St. John's
 Occupation Lumberman Classification for Discharge E-1 Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	" 6	
B 179c	B 120	M 93		

Date 10-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOLIBILIZATION

1. Civil Re-Establishment.

I am of Lyver in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 10-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00

(b) Clothing Supplied [Signature]

Date 11-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 81725 to his home at Fortune Hs and Release Certificate No. 2619 issued.

Date

11-6-19

J.A. Sawley

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

11-1-19

H.H. Wall
Depot Paymaster.

Discharge approved for

25-6-19

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

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 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

11-6-19

J.A. Sawley

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

R.H. Sait Capt

O. C. Discharge Depot.

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

Date

June 20, 1919

H. Admelt
O.C. Records

Reg. No. *4937* Rank *Pfc* Name *Keyser*
Attested Address *Joshua St.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19.*
Returned on S.S. *Crossman* Cause *Discharge*

~~PASSED TO DEMOBILIZATION OFFICER~~

DISCHARGE APPROVED ON DEMOBILIZATION.

10-6-19
25-6-19