



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *5364* Name *Lockie McArthur* Corps *RC*

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

1. What is your name? ..... 1. *Lockie McArthur*
2. What is your full Address? ..... 2. *Grand River  
St Georges Bay*
3. Are you a British Subject? ..... 3. *Yes*
4. What is your age? ..... 4. *22* Years ..... Months
5. What is your Trade or Calling? ..... 5. *Farmer*
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*

*Lockie McArthur* ..... 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.

*Lockie McArthur* ..... SIGNATURE OF RECRUIT.  
*J. R. Baymond* ..... Signature of Witness.

*9/5/16*

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

*Lockie McArthur* ..... 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 on this *23* day of *May* 1915.  
Signature of Attesting Officer *C. B. Danks*

### † 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) .....



C.R. 5364

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 24th, 1919.

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

5364 Pte. Lockie McArthur.

C.R. 5364

Extrac from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O. G. Discharge Depot with effect from 5-7-19.

5364 Pte. L. McArthur.

C.R. 5364

Extract from Daily Orders Part 11 Depot, St. John's,

Date

June 18th 1919.

5364, Pte. L. McArthur.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5364

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 23/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5364 Pte. L. McArthur.

C.R. 3-364

Extract from Nominal Roll of draft No. 56, of the 2nd., Battalion  
of the Royal Newfoundland Regiment, Winchester to the 1st.,  
Battalion of the Royal Newfoundland Regiment, B. E. F.,  
Embarked Southampton 23/11/18.

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#5364 Pte. L. McArthur.

C.R. 5364

Extract from Daily Orders: part 11, from Unit The Royal  
Field Regt. St. John's, dated July 22, 1918.

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

#5364 Pte. Lockie MacArthur.



C.R. 5364

Extract from Daily Orders part 11, from Unit The Royal Wilt.  
Regt. St. John's, dated May 25, 1918.

#5364 Pte. Hearey McArthur.

Attested for General Service with the Royal Wilt. Regt.  
from 25.5.18

L. McArthur

C.R. 5364

P + R y

**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* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *5364* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *McArthur* *Lockie* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on *May 22/18* at *St. John's* 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 ? } *u*

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

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. P. Spencer*  
*W. P. Spencer*  
*Capt. R. A. M. G.*

Station *Bayley D. Camp.*

Date *29/9/19*

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



## FORM K

N<sup>o</sup> 46801ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Lochie M. Arthur, Regl. No. 5364  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
                 Dollars and Fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 1, 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4323	Brother	Mr. Allen M. Arthur	Grand River Coaling	50
			Total Allotment, \$	50

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

Sig.) Quarton Lieut.

Officer Commanding

E Company

St. John's

June 12<sup>th</sup> 1918

(S) Lochie M. Arthur

(Rank) Pvt

No. 5364 Name *McArthur L* Sqn., Batty., or Company *D. Newfoundland* Date of enlistment *23/18* G.C. Badges *3* Service or Proficiency Pay *10*  
 Date of last entry in Company Conduct Sheet *15/4/19* No. and date of last drunk *15/4/19* Period not reckoning towards freedom from extra fine *None* Sheet No. *1* Signature O.C. Company, etc. *W. H. Jones* Character *Good*

Army Form B. 122.

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
<i>Rever</i>	<i>15-4-19</i>	<i>Plt</i>	<i>1</i>	<i>Deficiency of Kit value -/1</i>	<i>Company Newfoundland</i>	<i>Pay for same</i>	<i>15-4-19</i>	<i>Major Bidder</i>	<i>R22</i>

L. Arthur, L

5364

Ag Sept.



July 22, 1919

#5364 Pte. Leslie Mearthur,  
Grand River,  
St. George's.

Dear Sir:-

Please find enclosed Discharge Certificate #5149.

Yours truly

Captain & Paymaster

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5364 Rank Pte. Name Mr Arthur Locke  
 Intended place of residence Grand River, St Georges

2. Occupation Farmer  
 Classification of soldier E Medical Category FI

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 3 1919

*H. M. ...*  
 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 3 - 1919

*A. M. Arthur*  
 Signature of soldier

*J. H. ...*  
 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 3 - 1919

*A. M. Arthur*  
 Signature of soldier

*J. W. ...*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military  
 Discharged from service 5-7-19 Plus 14 days Service 423

### 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 5 1919

*R. ...*  
 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 July 19/1919

*M. ...*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Ref B207913149*

9  
20  
19  
8

# The Royal Newfoundland Regiment

Class for Demobilization:

8  
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

2.7.19

Regimental No. 5364

Name

McArthur, L.

Rank

Plt

Address

Grand River

Present Medical Category

A1

Recommended for :-

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

Rt Lt Majr  
O.C. Discharge Depot.

Paterson  
Senior Medical Officer

Swoboden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5364 Rank Pvt Name McArthur L  
 Date of Enlistment 23 5 18 Address Grand Point District St. John's  
 Occupation Farmer Classification for Discharge 6 Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1136	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 27 11 P. O. C. Discharge Depot H. M. S. H.

### 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 £100

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

Date 3-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2230 to his home at Grand River and Release Certificate No. 3154 issued.

Date 3-7-19 *J.A. Sewell*  
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 19-7-19

Date 3-7-19 *H. Mews*  
Depot Paymaster.

Discharged approved for 5-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date 3-7-19 *J.A. Sewell*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 5 1919 *R.H. Sait* MAJOR  
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.

*L. McArthur*

Signature of Man.

*J. H. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Reg. No. 5364

Place

ST. JOHN'S.

Date

JUL 3 - 1919

191

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

# MEDICAL HISTORY

Surname McArthur OF Rockie  
 Christian Name Rockie

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand River, St. George's Bay, County, Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	25 <sup>th</sup>	May	1918	191
Declared Age	22	years		days
Trade or Occupation	Farmer			
Height	5	feet	7 3/4	inches
Weight	133	lbs.		lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		1 Scar.	
When Vaccinated	6 years ago.			
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>L. Lambert Peterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	St. John's	at	
	on	23 <sup>rd</sup> day of May	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	Royal Nfld. Regiment.	5364		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfound Land* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *5264* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *McCarthy* *Lochie* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *23*
6. Posted for duty on *May 27/18* at *S.L. John.*  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
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.
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*  
*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? } *na*

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.)*

*Re complains of m disability*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

*Repatriation*

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

*G. P. Pinner*  
 Medical Officer in charge of case. *Capt. Pinner*

Station ... *Bazely Brown*  
 Date ... *27.1.49* .....

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

July 24, 1919

#5364 Pte. Lockie McArthur,  
MacDale, Grand River,  
St. George S.

Dear Sir:-

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

Yours truly,

Captain & Paymaster

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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.. *Lockie* ..... 2. Surname *Mc Arthur* .....
3. Rank.. *Pte* ..... 4. Regtl. No. *5364* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Chae Dale, Grand River, St Georges Dist.* .....
6. Date of enlistment in the Regiment. *23<sup>rd</sup> May 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *Allan Mc Arthur* .....
9. Address in full of such dependents... *Brother* .....
- ..... *Allan Mc Arthur* .....
- ..... *Grand River, Chae Dale* .....
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 Hfld. If so, give dates and particulars of such service. *ten months in England* .....
- .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *fourteen months* .....
- ..... 1. *2* .....

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

*not applicable*

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

*not applicable*

15. Have you been issued with a War Service Badge? *no*

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.

*not applicable*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *not applicable*

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

*not applicable*

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

*(Temp.) not applicable*

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.

*no not applicable*

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.

*not applicable*

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: Lockie McArthur  
 Place of Residence: Macdell, Grand River St George  
 Declared before me at: St Johns  
 This 14<sup>th</sup> day of July 1919....

Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.  
*John M. McCarthy*

POST DISCHARGE PAY.			War Service Gratuity.	Net amount due
Date paid	Paid Soldier.	Paid Dependent.	<u>4.00</u>	<u>7.82 00</u>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	<i>[Signature]</i>

FORM K

No 4680



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Loekie M. Arthur, Regl. No. 5364  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 \_\_\_\_\_ Dollars and Fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4323	Brother	Mr. Allen M. Arthur	Grand River Pecton	50
Total Allotment, \$				50

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.) Watson Lunt  
 Officer Commanding  
E Company  
St Johns  
June 12<sup>th</sup> 1918

(Sig.) Loekie M<sup>c</sup> Arthur  
 (Rank) Plt

ST. JOHN'S, JUL 3-1919

# Royal Newfoundland Regiment.

Billeting Account,

To *H. L. McArthur*

Billeting Soldiers as undermentioned

from *June 1<sup>st</sup> /19* to *June 30<sup>th</sup> /19*

*5364 H. L. McArthur 31 00*

ACCOUNT	<i>B. T. M.</i>
CH. NO.	<i>2133</i>
IND. LEDGER	INITIALS <i>[Signature]</i>
PAY LEDGER	INITIALS <i>[Signature]</i>
GEN LEDGER	INITIALS <i>[Signature]</i>

Certified correct for \$ *31.00*

*J. H. Snowlight*  
Billeting Officer.  
*H. L. McArthur*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one  
Signature of O. C. Company C. S. Dicks

Regiment of Royal Newfoundland

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	months		
5364	W. Arthur, Lachie	22		Farmer	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	23 5 18		R.C.	
Joined	Date	Period of ) with Colours 1 5/8 years. with Reserve 3/4 years.		Place of Birth	
Joined	Date		Grand River, St. George		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Hazelton Camp	11/9-18	Private		I Duty Rifle	Sgt Noel				
				II Inattention on parade	C. M. White	3 days CB.	12/9.18	Capt M. Long	M. H.
				Demobilized	St. John's	19 19			

To be carried over.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5364 Rank Private Name McArthur L **5364**  
 Date of Enlistment 23.5.18 Address Grand River District St. George's  
 Occupation Farmer Classification for Discharge 6 Medical Category A1  
 Recommendation S. M. B. ..... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 2.7.19 O. C. Discharge Depot. L. McArthur

### 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 A. 100  
 (b) Clothing Supplied Emb. to stock

Date 3-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B2230 to his home at Grand River and Release Certificate No. 3154 issued.

Date 3-7-19 *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 11-7-19

Date 3-1-19 *J.A. Snowball*  
Depot Paymaster.

Discharge approved for 5-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date 3-7-19 *J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to—  
Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 5 1919 *R.H. Sait* MAJOR  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot. *[Signature]*  
Date July 21 1919

Reg. No. 5364 Rank PT4 Name McArthur

Attested ..... Address Grand River

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

Date of Allotment ..... Returned from Overseas 29.5.19

Returned on S.S. Corsican Cause Discharge

37 19  
57 19

~~PASSED TO DEMOBILIZATION OFFICER~~

~~FORWARDED TO [illegible]~~

**Casualty Form—Active Service.**

ROYAL NEWFOUNDLAND REG.

Regiment or Corps

Rank *Pte* Surname *McArthur* Christian Name *L.*

Religion *R.C.* Age on Enlistment *22* years *6* months

Enlisted (a) *23/5/18* Terms of Service (a) DURATION. Service reckons from (a) *23/5/18*

Date of promotion to present rank Date of appointment to lance rank

Extended ( ) Re-engaged ( ) Qualification (b) or Corps Trade and Rate

Occupation *Farmer* Signature of Officer *M. Long Capt*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	<i>28 NOV 1918</i>		
		Joined Batt.		<i>5 JAN 1919</i>	
		<i>Arrived in UK</i>		<i>23/4/19</i>	

(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) Signaller, Shoeing-Smith, &c. (17591.) Wt. W 1587-P 1124, 1,000,000, @18, D & S. Form B/103. (E. 1256.)

IP.T.O.

*Next of kin: Mother: Mrs Jane McArthur: Grand River: St. F. Bay: N.S.L.D.*



## 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 *Lockie M<sup>c</sup>Arthur*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5364*

Intended address *Grand River St Georges*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Mazie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Grand River. Oct 16<sup>th</sup> 1895*

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) *Lockie M<sup>c</sup>Arthur*

*Pte*  
(Rank)

Station *S<sup>t</sup> Johns*

Date *2-7-19*

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