



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4684 Name Laurence Oakley Corps 6 of 6

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Laurence Oakley</u> |
| 2. What is your full Address? | 2. <u>Summer Street</u> |
| | <u>St John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Laurence Oakley 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.

A
24-4-18
Laurence Oakley SIGNATURE OF RECRUIT.
James Arkhie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Laurence Oakley 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 24 day of April 1918

Signature of Attesting Officer James Arkhie

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 191 } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Lawrence Oakley
 Apparent age 23 years 4 months. Height: 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 34 inches
 { Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Frederick Oakley, Summer Street
St Johns | 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 L'epot	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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>24-4-18</u>									
Joined at <u>St Johns</u> on <u>April 22 1918</u>									
<u>Discharged June 29/19</u>									
				<u>Embarked St. John's train to Halifax N.S. 11.6.18.</u>					
				<u>Embarked for B.C. 26.10.18</u>	<u>Arrived Vancouver 26.10.18.</u>				
				<u>Joined Battle Force 3.11.18</u>	<u>Station 42 C.C.S. A.H.C.</u>			<u>13.12.18.</u>	
				<u>Admitted to Gen Hosp Douglas (influenza) 19.12.18</u>					
				<u>Dis to base hospital 31.12.18.</u>	<u>Rejoined unit 12.1.19.</u>				
				<u>Transferred from Rouens 22.4.19</u>	<u>Arrives Winchester 23.4.19</u>				
				<u>To Newfoundland for demobilization 22.5.1919</u>	<u>Arrives Newfoundland 1-6-19</u>				
				<u>Demobilization St Johns 29.6.1919</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-1919 [date of discharge] 1 years 67 days
 " " Pensions " " " " " " " " " " " "

C.R. 4684

Extract from Daily Orders Part 11 Unit The
Royal Field. Regt. St. John's, June 30-1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by C.O. Discharge Depot from 29-6-19.

4684 Pte. Lawrence Oakley.

C.R. 4684

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

The discharge of the under noted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

4684 Pte. Lawrence Oakley

C.R. 4684

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

4684 Pte. Lawrence Oakley.

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

C.R. 4684

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 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4684 Pte. N. Oakley.

C.R. 4684

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

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

4684 Pte. L. Oakley.

C Coy.

C.R. 4684

Extract from telegram sent to Synoptical London,
Feb. 18th, 1919.

In answer to your telegram Feb. 17th.

4684 Oakley.

Name and amount entered in error on my telegram Feb.
14th; pay once only

C.R. 4684

Extract of Telegram from Synoptical London, to Military St. John's
~~received from the~~ dated February 17th 1919.

In answer your telegram Feb. 13th & 14th 907 Heath 4684
Oakley amounts both alike is there not a mistake.

C.R. 4684

Extract from War Office List No. H.A. 33301..

Adm. 3 Can. Gen. H. Boulogne 19th., December 1918.

⁴⁶⁸⁴
#2634 Pte. L. Oakley.

INFLUENZA.

C.R. 4684

Extract from Nominal Roll Re-inforcement Draft No.55 Embarked Folkestone
26/10/18, from 2nd Battn, Royal Newfoundland Regiment, Hazelay Down Camp,
Winchester, to 1st Battn, Royal Newfoundland Regiment, B.E.F.

4684 Pte. Oakley, L.

MP.

C.R. 4684

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 14, 1918.

#4684 Pte. L. Oakley.

Embarked for overseas with draft 11-6-18

C.R. 4684

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. ~~1884~~ St. John's, dated April 25, 1918.

#4684 Pte. Lawrence Oakley.

Attested for General Service with the Royal Wfld. Regt.
from 24/4/18.

SICK AND WOUNDED B.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 4684



INFANTRY RECORD OFFICE - LIGHTFIELD PART TWO

No. H.A. 33730.

24871 Pte Herbert T. 7 S Staffs Buried Shell Wd. Dis to Base Det Rouen Class A ex 2 Can Gen H
31 Dec '18.
14748 Pte Payne W. 6 Leicesters Eozema Dis to Base Det Calais Class A ex 2 Can Gen H
1 Jan '19.
23803 Cpl Hammond J. 13 Garr E Staff f Stricture Uretim Adm 3 Can Gen H Boulogne 31 Dec '18.

LONDON INFANTRY RECORD OFFICE LONDON E.C.

No. H.A. 33730.

60082 Pte Gladwell W. 3 Roy Fus. Callositis Feet. Dis to Base Det Staples Class A ex 2 Con Gen H
31 Dec '18.
86217 Pte Peter F. 17 R Fus. F.U.O. Dis to Base Det Staples Class A ex 2 Can Gen H
31 Dec '18.
570742 Pte Jarvis A. 49 P of W Co. Soabies Adm 2 Can Gen H Le Troport 31 Dec '18.
Form 1 R Bie.
86143 Pte Olsan P. 23 R Fus. Impetigo Dis to Base Det Staples Class ex 2 Can Gen H
31 Dec '18.
46791 Pte Jolley W. 11 R Fus. Old GSW Knee L. Dis to Base Det Staples Class A ex 2 Can Gen H
1 Jan '19.
72630 " Lawrence P. 3 R Fus Debility Dis to Base Det Staples Class A ex 2 Can Gen H
1 Jan '19.
860800 Pte Moss L.E. 33 Lond R. Piles Adm 3 Can Gen H Boulogne 31 Dec '18.

99

INFANTRY RECORD OFFICE - P E R T H

No. H.A. 33730.

26897 Pte Hodgkinson A. 1 RHMtrs. Influenza. Dis to Base Det Calais Class A ex 2 Can Gen H.
31 Dec '18.
518825 Pte King F. 1 Gordons Shell Cont Shdr R Dis to Base Det Calais Class A ex 2 Can Gen H.
31 Dec '18.
351593 Pte Campbell W. 16 A & S Highrs Sprain Lt Thigh Adm 3 Can Gen H Boulogne 31 Dec '18.
201436 Pte Donald W. 5 A & S Highrs Piles Adm 3 Can Gen H Boulogne 31 Dec '18.

N E W F O U N D L A N D - EXPEDITIONARY FORCE

No. H.A. 33730.

4684 Pte Bakley L. 1 R Mfld R. Influenza Mild. Dis to Base Dep Rouen ex 3 Can Gen H 31 Dec '18.

No. 2 RECORD OFFICE EXETER

No. H.A. 33730.

33345 Pte Arnold E. 8/B.L.I. Ischio Rec Abscess. Adm. 3 Can Gen H Boulogne 31 Dec '18.
31239 Pte. Blow S. 8/ do. Influenza. Adm. 3 Can Gen H Boulogne 31 Dec '18.

L. Oakley

R. 11684

~~1180~~

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. *101st Newfoundland* 7. Former Trade or Occupation *Labourer*
2. Regtl. No. *4684* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Oakley Lawrence* (a) Former Regts. or Corps. with Regtl. Nos.
- (Surname) *23* (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on *Apr 25/18* at *St Johns* 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.

} h a
h a

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

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

He complains of no disability

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

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

h a

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

h a

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?

h a

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?

h a

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Repatriation

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

W.F. Greener Capt R.A.M.C.
R Medical Officer in charge of case.

Station Hayley D. Camp

Date 30-4-19

* 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



FORM K

No 4213a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Laurence Oakley, Regl. No. 4684

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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)
3980	mother	Mrs Fred (Fanny) Oakley	corner Summer Street & Merrymount Road St Johns	
Total Allotment, \$				709

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.) [Signature]
 Officer Commanding
A Company
St Johns
May 23rd 1918

(Sig.) Laurence Oakley
 (Rank) Plt.

No: 2536/93

From: NEWFOUNDLAND

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

CHIEF PAYMASTER & OFFICER I/C RECORDS
NEWFOUNDLAND CONTINGENT
58, VICTORIA STREET,
LONDON, S.W.: 1.
1st/Bn. Ryl NEWFOUNDLAND

13th February 1919

4684 Pte Oakley. L.

With reference to the following telegram from the Minister of Militia, / / (20.)

"Pay to- 4684 Oakley.

£2.1.1.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. D. [Signature]
Chief Paymaster & O. i/c Records

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
11 MAR 1919
PAY & RECORDS OFFICE

Has 4/1 to Oakley

This man wishes this amount retained to the credit of his acc't please
A. D. [Signature]
CAPT. R. H. J. **LIEUT. COL.**
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

Deposited

14/2/19

[Signature]

6-3-1919

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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
1684	Plt	Oakley L	\$250	L Oakley

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

Laurence Oakley

Date

July 1/18

Oakley L

4684

Hay Dept.

June 29, 1919

4684 Pts. Laurence Oakley,
Summer Street,
City.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2434.

Yours truly

Captain,
Paymaster & O. I. c Records.

The Royal Wld. Regiment

DEMOBILIZATION

No. 4687 Rank _____

Name Oakley L

Warned for demobilization on

JUN 11 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4684 Rank Pte Name Oakley Lawrence
 Intended place of residence ST. JOHN'S
2. Occupation Labourer
 Classification of soldier E Medical Category A-1
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 JUN 10 1919 JUN 11 1919.....
- J. M. S. S. S.*
 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

L. Oakley
 Signature of soldier

J. P. S. S.
 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 ST. JOHN'S
JUN 11 1919

L. Oakley
 Signature of soldier

James O. Newman
 Signature of witness *SP.*

STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No of days on Military
 Discharged from service JUN 15 1919 14 days Service 432

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 15 1919

R. H. S. S.
 Officer in Charge of Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld
 Date June 29/1919

M. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

A. F. B 2079/2434

The Royal Newfoundland Regiment

Class for Demobilization: *16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.6.19*

Regimental No. *4684*

Name *Oakley Larry* Rank *Pte*

Address *Summer St*

Present Medical Category *A7*

Recommended for: (a) Immediate discharge
(b) Standard Medical Board

Members of Board

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

L. Paterson
Senior Medical Officer

S.W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4684 Rank Plt. Name Oskey Lawrence
 Date of Enlistment 24-1-18 Address St Johns District St Johns
 Occupation Labourer Classification for Discharge 17 Medical Category F.I.
 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	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. H.M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. L Oskey

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 W. S. Constan

Date 11-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at St Johns and Release Certificate No. 2012 issued.

Date 11-6-19 J.A. Shaw 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 29-6-19

Date 11-6-19 J. Mustard
Depot Paymaster.

Discharge approved for 15-6-19
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 83		

2 Form B

Date 11-6-19 J.A. Shaw Capt.
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 JUN 15 1919 R.H. Jait 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

L. Oakley

Signature of Man.

Reg. No. 4684

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

11-6-19

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

MEDICAL HISTORY

Surname Pakley OF Christian Name Lawrence

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Wfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>24th</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Wfld.</u>		on	day of 191
Declared Age	<u>23¹/₂</u> years — days		years	days
Trade or Occupation	<u>Labourer</u>			
Height	<u>5</u> feet <u>7</u> inches		feet	inches
Weight	<u>135</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>34</u> inches			inches
	Range of Expansion... <u>5</u> inches			inches
Physical Development				
Vaccination Marks	Arms	<u>One</u>		
	Number			
When Vaccinated	<u>7 years ago</u>			
Vision	R. E.—V=	<u>6/10</u>	R. E.—V=	
	L. E.—V=	<u>6/10</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert P. ...</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, Wfld.</u> on <u>24th</u> day of <u>April</u> 191 <u>8</u>		at	day of 191
Joined on Enlistment	Corps.	<u>The Royal Wfld. Regt.</u>	Corps.	
	Regtl. No.	<u>4684</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	24	7	18	29	7	18	Hæmorrhage Hæmophilia from gum	5	Severe hæmorrhage after extraction of upper central incisor. Is in charge of duty. Patient states he bleeds freely when teeth are extracted but gives no history suggesting Hæmophilia	<i>C. S. M. W. C.</i> CAPT. R. A. M. C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
25-4-17 21-5-18 } 10-5-18 } 17-5-18 }	Vac. 20 T.A.B. 20 Do. 20 T.A.B. 20
	<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as</i> <u>6</u><i> for Discharge on Demobilisation. Medical category</i> <u>AI</u> 10 6 19 Date of T.M.P. <i>[Signature]</i> Captain Adjutant General Discharge Dept. New Zealand </p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 *Osibly Lawrence*

Regiment from which discharged *Royal Newfoundland*

Regimental number *21684*

Intended address *[Signature]*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *[Signature]*

Figure on discharge *[Signature]*

Christian name of Father *Fredricks*

Christian name of Mother *Lamir*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's, 19 Dec. 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)

Fredricks Lawrence Osibly (Rank) *[Signature]*

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



Casualty Form—Active Service.

Regiment or Corps. *ROYAL NEWFOUNDLAND REG.*
 Rank *Pte* Surname *Oakley* Christian Name *Lawrence*
 Religion *C.* Age on Enlistment *23* years *4* months
 Enlisted (a) *24/7/15* Terms of Service (a) *DURATION.* Service reckons from (a) *24/4/15*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended (.....) Re-engaged (.....) Qualification (b).....
 or Corps Trade and Rate.....
 Occupation *Labourer* Signature of Officer *J. W. ...*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service as reported on Army Form B. 213, Army Form A. 36, &c. 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	<i>25 OCT 1918</i>		
		Disembarked	<i>3 NOV 1918</i>		
	<i>44 CCL</i>	<i>As P.O.</i>	<i>13/2/19</i>	<i>20 509</i>	
<i>7.1.19</i>	<i>600.</i>	<i>Adv. 3 Can. G.H. Imple.</i>	<i>Boulogne.</i>	<i>19.1.18</i>	<i>46 53201.</i>
<i>3.1.19</i>	<i>06.10 & B. 20</i>	<i>Joined.</i>	<i>Rouen.</i>	<i>1. 1. 19</i>	<i>Roll.</i>
		<i>Re. joined unit 14/1/19</i>		<i>B. 213 1511/15</i>	
		<i>Arrived in UK</i>		<i>23/4/19</i>	

(a) In the case of a man who has re-engaged (or, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment shall be entered.

(b) Signaller, Shoeing-Smith, &c. (Army Form B. 213, Army Form A. 36, &c. in other official documents. The authority to be quoted in each case. W. W. 1881—P. 112, 1,000,000, 6/12, D & S. Form B. 213 (1915).)

next of kin *Father* *Medical Officer* *Summer Street St. Johns Nfld.* (P.T.O.)

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 } *Labourer*
2. Regtl. No. *4684* 3. Rank. *plte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Oakley Lawrence* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on *apl. 25/15* 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
- (b) Where
- (c) Opinion of Court
- (d) Particulars of Pension or Gratuity (if any)

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 | | na |
| (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, 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? *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.

W.F. Procter - Capt Rame
 Medical Officer in charge of case.

Station *Mazeley Down*
 Date *30/4/44*

* 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



Officer commanding

Nfld. Regt.

To be discharged hospital

to-morrow (Monday) fit to
rejoin unit:-

4684. Pte. Oakley L.

C. Morse

MAJOR, R.A.M.C. (S.R.)

OFFICER in CHARGE MILITARY HOSPITAL

Do be started
KAFB



To Mr O R E.

Royal Army Med. Dept.

Hayes Down Camp

Ref 4674. Pte Oakley. I.

This man informs me he
is a bleeder. This appears
to be so. Do you think
it advisable to put him
on a course of calcium
~~salts~~. Lactal treatment
please?

J. Henderson Capt.

D/O

Recommended

APK
Capt. Pine.

24. 7. 18.

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 *Laurence*..... 2. Surname..... *Osborn*
3. Rank..... *Plt*..... 4. Regt. No. *4684*
5. Address in full to which future payments of gratuity are to be forwarded..... *Corner of Summer St. St. John's*
6. Date of enlistment in the Regiment..... *Apr 24/18*
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..... *Osborne's*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Apr 24/18 to June 11/19*..... 1.2

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.....

..... *No*

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *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?..... *No* If not give:- (a) date of discharge..... *June 11/19* (b) Reason for discharge.....

..... *Temporary De-mobilized*

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 April 1919

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..... *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.

Lawrence Oakley

Signature of Applicant:

Place of Residence: *Corner Summer St. N. John's*

Declared before me at:

This *11th* day of *June* 19*19...*

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

John M. Carthy
JP

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

Faint mirrored text from the reverse side of the page.

ST. JOHN'S, June 11th /19

Royal Newfoundland Regiment.

Billeting Account,

To *Mrs* F. Oakley

Billeting Soldiers as undermentioned

from June 1st /19 to June 15th /19

4684 - *16* L. Oakley 15 50

ACCOUNT	<i>B. & M</i>
CH NO	23254
INITIALS	<i>EW</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

50 15. 50

Certified correct for \$

R.J

Billeting Officer.

Wm. Lovell
L. Oakley

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms
B 121
39.

Regiment of Royal Newfoundland

Signature of O. C. Company W. M. Churchill Esq.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4651 Oakley. S.</u>	Age on	23 years 4 months	<u>Sailor</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date		<u>21.4.18</u>	<u>R.C.</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve	<u>67 years.</u> <u>35 years.</u>	<u>St. John's</u>

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 29 6 19</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4684 Rank Private Name Lakley Lawrence
 Date of Enlistment 24-4-18 Address St Johns District St Johns
 Occupation Labourer Classification for Discharge E-1 Medical Category H-1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 421	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
B 179c	B 120	M 93		

Date 10-6-19 *J. H. Miss H.*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. L. Lakley

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. \$60.00
- (b) Clothing Supplied. _____

Date 11-6-19 O.C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at St Johns and Release Certificate No. 2012 issued.

Date 11-6-19 J.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

Date 11-1-19 J.A. Snow Capt.
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P[36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 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		

Date 11-6-19 J.A. Snow Capt.
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 JUN 15 1919 R.H. Jait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot
Date June 20 1919 J.A. Snow Capt.
for O.C. Records

Reg. No. *4484* Rank *Plt* Name *Badley, Lawrence.*

Attested Address *Summers St,*

Allotment Allottee

Date of Allotment Returned from Overseas *29.8.19.*

Returned on S.S. *Rossieaw* Cause *Discharge*

11-6-19 PASSED TO DEMOBILIZATION OFFICER
15-6-19 DISCHARGE APPROVED ON DEMOBILIZATION.