



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3834 Name Logel Rose Corps C of C.

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

1. What is your name? ..... Logel Rose
2. What is your full Address? ..... Rose, Blanche
3. Are you a British Subject? ..... yes
4. What is your age? ..... 18 Years 1 Months
5. What is your Trade or Calling? ..... Fisherman
6. Are you Married? ..... no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Are you willing to be enlisted for General Service? ..... yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. yes

I, Logel Rose 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.

Logel Rose ..... SIGNATURE OF RECRUIT.  
Brendan Bennett ..... Signature of Witness.

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

I, Logel Rose 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 1 day of June 1917  
Signature of Attesting Officer .....

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....  
If enlisted by special authority, such will be attached to the original attestation.  
Date.....191..... } 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 Lancel. Rose.

Apparent age 18 years 1 months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches

Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Allen. Rose.  
Rose. Blanche. | Relationship Mother

#### 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

“ “ Pensions “ \_\_\_\_\_ [ “ “ ] “ \_\_\_\_\_ “ \_\_\_\_\_

3834



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3834 Name Luigi Rose Corps C of C

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

1. What is your name? ..... I. Luigi Rose
2. What is your full Address? ..... 2. Rose Blanche
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 18 Years 1 Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. yes
9. Are you willing to be enlisted for General Service? ..... } 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. yes

I Luigi Rose ..... 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.

Luigi Rose ..... SIGNATURE OF RECRUIT.  
Brendan Sinnott ..... Signature of Witness.

**OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.**  
I Luigi Rose ..... 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 1 day of June 1917  
Signature of Attesting Officer [Signature]

**†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 rank of Private.  
If enlisted by special authority, such will be attached to the original attestation.  
Date ..... 191 .....  
Place ..... } Approving Officer.  
† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

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



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Lancel Rose  
 Apparent age 18 years 1 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Allen Rose  
Rose Blanche | Relationship Mother

### 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 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>1-6-17</u>									
Joined at <u>St John's</u> on <u>June 1<sup>st</sup> 17</u>									
<u>Discharged July 1 1919</u>									
<u>Embarked St John's St Helier to Halifax N.S. 4<sup>th</sup> Entabker for B.C. 4<sup>th</sup> Desembarked Sydney 6<sup>th</sup> joined Brattle 20-2-18</u>									
<u>Transfers from Rouen to Bramble 23<sup>rd</sup> 19</u>									
<u>demobilized 22-5-19. Newfoundlands 1-6-19</u>									
<u>demobilization St John's 4-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-7-19 [date of discharge] 2 years 34 days  
 " " Pensions " " " " " " " " " " " "

1919

October 20

7344

C.R.

3834

X Purvet

Longel Rose Please forward  
me on my great war Diiben

H. Jones  
For necessary  
action if you  
can understand  
his account from  
this picture

3834

sent 11/11/19.

C.R. 3834

Extract from daily orders part II Royal Newfoundland Regiment  
 Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilisation has been  
 CONFIRMED by officer i/c records from noted date <sup>4</sup>8-7-19.

3834, Pte. Lonsel Rose.



C.R. 3834

Extract from Daily Orders Part 22 Unit The Royal  
Sfld. Regt. Depot, St. John's, June 10th, 1919 .

The discharge of the undersigned on demobilization  
has been APPROVED by O.C. Discharge Depot, with effect  
from 28-6-19.

3834 Pte. L. Rose.

C.R.

3834  
~~4834~~

Extract from Daily Orders Part 11 Depot, St. John's,  
Date 9-6-19.

4834 Pte. L. Rose.

Reported at Headquarters 1-6-19.  
which sailed Liverpool May 22/1919.

RE "Corsican"



C.R. 3834

Extract from Nominal Roll 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.

#3834 Pte, L. Rose.

C.R. 3834

Extract from Menial Roll Draft No. 36 200 Other Ranks, from  
2nd., (Reserve) Batta. Royal Newfoundland Regiment and proceed-  
ed to join the 1st., Battalion, Royal Newfoundland Regiment &  
B. E. F., embarked Southampton 4/2/18.

7

3834. Pte J. Rose

~~1st. Batta. Newfoundland.~~

C.R. 3834

Report of a School Bell Invented by John W. Rose,  
pat. No. "Floral" 2744, 1917.

5

3834 Pte. L. Rose.



C.R. 3834

Extract from Daily Orders War's II Unit The Royal Field.  
Regt., St. J. an's, June, 1st, 1917.

3834 Pte. Lonzel Rose.

Attested this day, posted to Pl Coy, and assigned number  
as shown.

L. Rose

C.R.

3834.

~~PRN~~

Medical Report on an Invalid.

Station St. John's Down

Date 1/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 3834
- 3. Rank Pte
- 4. Name Rose, R.
- 5. Age last birthday 20.
- 6. Enlisted { on 1-5-14.  
at St. John's
- 7. Former Trade } Fisherman.  
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).

*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. *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.
 

*He states that he was gassed at Arras in April 1918 and was in hospital 7 weeks - discharge cured.*
- 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.



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.

*He complains of no disability*

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*

20. Do you recommend—

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

*Reparation*

*Worcester?*

*Major Dadds.*

\_\_\_\_\_  
Officer in medical charge of case.

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

Station *Hayley Down*

Date *1/19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.







Rose, A

3834

Ray sept.

July 5, 1919

#3834 Pte. Alanzo Rose,

Rose Blanche

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 & O.I/c Records

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 *Allowyo* ..... Surname *Rose* .....

3. Rank *Pte* ..... 4. Regtl. No. *3834* .....

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

6. Date of enlistment in the Regiment..... *May 10/17* .....

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

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 10/17*  
*to June 6/19* .....



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.

*Cheque for*

*81.19*

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 Regt.?  
If not give:- (a) Date of discharge.  
(b) Reason for discharge.

*June 6/19*

*No*

*Demobilization*

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 Feb. 1918 to April 1919.*

21. (a) Are you receiving treatment from the Waril 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.



Signature of Applicant:

*his*  
*always* ~~mark~~ *Rose*

Place of Residence:

*Rose Blanche, Wfld*  
*St. John's, Wfld*

Declared before me at:

This *6th*, day of *June* 19*19*....

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

*John McCarthy*  
*JPM*

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

July 4, 1919

#3834 Pte. Lonnel Rose,

Rose Blanche.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2368.

Yours truly

Captain  
Paymaster & Officer i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3134 Rank Plt Name Rose L  
 Intended place of residence One Blanche Bridge  
 2. Occupation Fisherman  
 Classification of soldier E 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 ST. JOHN'S. .....  
 Date JUN 6. 1919 .....  
 for H.S.M. Lt. Col.  
 Comanding 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 6 1919 .....  
 Signature of soldier L. X. Rose  
 Signature of witness W. H. Johnston

### 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 6 1919 .....  
 Signature of soldier L. X. Rose  
 Signature of witness James O. Newman

### STATEMENT OF SERVICE

7. Enlisted for service 1-6-17 ..... No of days on Military  
 Discharged from service 20-6-19 less 14 days ..... Service 764

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S. .....  
JUN 20 1919 .....  
 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. Nfld. .....  
 Date July 4/1919 .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*and B 2079/2358*



# The Royal Newfoundland Regiment

Class for Demobilization:—

*E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4 5 19* .....

Regimental No. *3934*.....

Name *Ross* ..... *CA* .....

Address .....

Present Medical Category..... *A-1* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

*R. H. Jant Capt*  
.....  
O.C. Discharge Depot.

Members of Board {

*P. Peterson*  
.....  
Senior Medical Officer

*Geo Burden*  
.....  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3834 Rank Pr Name Rose Lazel  
 Date of Enlistment 1-6-17 Address Rose Blanche District St. John's  
 Occupation Fisherman Classification for Discharge F Medical Category A.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	/	N.F. Med.....	D.F. 1.....	/
B 178.....	W 3494.....	B 122.....	/	Board 1st.....	" 2.....	
B 178a.....	/ D 400A.....	/ B 1915.....	/	do 2nd.....	" 3.....	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 5-6-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Rose Lazel  
Pr  
St. John's

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1582 to his home  
 at Rose Blanche and Release Certificate No. 2389 issued.

Date 6-6-19

*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 4-1-19

Date 6-6-19

*J.A. Snow Capt*  
 Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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

*2 Form B*

Date 6-6-19

*J.A. Snow Capt*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity  
*R.H. Sait Capt.*

Date JUN 20 1919

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*

*Rosal S.*

Signature of Man.

Reg. No. *3834*

*J. H. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

191



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

# MEDICAL HISTORY

OF

Surname Rose Christian Name Lionel



Table I.—GENERAL TABLE.

Birthplace:—Parish Rose Blanche County .....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .....	on <u>1</u> day of <u>June</u> 191 <u>7</u>		on ..... day of ..... 191.....	
	at <u>Headquarters</u>		at .....	
Declared Age .....	<u>16</u> years <u>1</u> days		..... years ..... days	
Trade or Occupation .....	<u>Fisherman</u>		.....	
Height .....	<u>5</u> feet <u>5</u> inches	.....	..... feet ..... inches	.....
Weight .....	<u>126</u> lbs.		..... lbs.	
Chest Measurement {	Girth when fully expanded.... <u>37</u> inches		..... inches	
	Range of Expansion... <u>4</u> inches		..... inches	
Physical Development .....	.....		.....	
Vaccination Marks {	Arm .....		.....	
	Number .....		.....	
When Vaccinated .....	.....		.....	
Vision .....	R. E.—V= <u>6/6</u>		R. E.—V=.....	
	L. E.—V= <u>6/6</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>Lionel Paterson</u>		.....	
(Rank)	<u>Major</u>		.....	
	Medical Officer.		..... Medical Officer.	
Enlisted .....	at <u>St. Johns</u>		at .....	
	on ..... day of <u>June</u> 191 <u>7</u>		on ..... day of ..... 191.....	
Joined on Enlistment.....	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4th Bn 3834</u>		.....	
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 *Lonzel Rose*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3834*

Intended address *Rose Blanche*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion

Color of eyes *Brown*

Descriptive Marks. ~~cut over face~~

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Ellen*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Rose Blanche, Aug 19, 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) *Lonzel Rose*

*W. J. Udubay* (Rank)  
Witress  
Date *4-6-9*

Station *S + Johns*

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

No. ~~547~~ Name

*Rose. A.*

Sqn., Batty.,  
or Company

Corps ROYAL NEWFOUNDLAND REG.

Date of  
enlistment

*1/6/19*

G.C.  
Badges

Service or  
Proficiency Pay

Date of last entry in  
Company Conduct Sheet

*Rose. A.*

No. and date  
of last drunk

Period not reckoning towards  
freedom from extra fine

Sheet No.

*(1)*

Signature O.C.  
Company, etc.

*W.M. ...*

Character

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>Bull.</i>	<i>25/2/18</i>	<i>Pfc</i>		<i>Def. Inq ration</i>	<i>Offrs. Par medical pay for same</i>		<i>2-3-18</i>	<i>Capt Raley</i>	

ARMY FORM B. 122

(P.T.O.)

The Royal Wld. Regiment

DEMOBILIZATION

No. 3834 Rank \_\_\_\_\_

Name Ross \_\_\_\_\_

Warned for demobilization on

JUN 6 1919



Medical Report on an Invalid.

Station Haseley Down Camp  
 Date 30.4.19.

- 1. Unit Royal Newfld
- 2. Regimental No. 3834
- 3. Rank Pte.
- 4. Name Rosa A.
- 5. Age last birthday 20
- 6. Enlisted { on 1.5.17  
 at St John
- 7. Former Trade or Occupation } Fisherman
- 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).

*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. *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.

*He states that he was gassed at Arras in April 1918 and was in hospital 2 weeks since cured*

- 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.

13. What is his present condition?

*No complaints of no. measurability*

*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?

*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?

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*

*Major*

\_\_\_\_\_  
 Officer in medical charge of case.

20. Do you recommend—

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

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

Station *H D Camp*

Date *30 4 19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.**

Rank Pte Regiment or Corps Royal Newfoundland Surname Rose Christian Name Lorzel  
 Religion CP Age on Enlistment 18 years 1 months  
 Enlisted (a) 1-6-17 Terms of Service (a) Duration Service reckons from (a) 1-1-17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate Capt.  
 Occupation Assistant Signature of Officer [Signature]

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 ...	3 FEB 1918	
			Disembarked...	6 FEB 1918	
			Joined ...	20 FEB 1918	
			Gravica leave to UK.		
			8/2/19 to 23/2/19		B 213. 15-2-19.
			Arrived in UK		23/4/19.

[Signature]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. W. 11824—M1188 1000m 1/17 (2727) S P & Co, Ltd. Forms B./103/4 E./354. (P.T.O.)



No 3334



1ST. NEWFOUNDLAND REGIMENT 3

ALLOTMENTS

*Lancel Rose*

Regl. No. 3834

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 Dollars and 00 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 August 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3794</u>	<u>Mother</u>	<u>My Ellen (Wife) Rose</u>	<u>Roseblanch</u>	<u>60</u>
Total Allotment, \$				<u>60</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  
[Signature]  
Company  
July 31  
1917

[Signature]  
(Sig.)  
[Signature]  
(Rank)



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$70<sup>00</sup>

Jan 8 1920

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
~~on account~~ of Pay. W.E.G.  
balance

Ch. No.	26517	Initials	EW
Pay Ledger	131	Initials	WR
Gen. Ledger		Initials	

Regtl. No.

Rank

*[Signature]*

No. 3834

Rank 06

Name

L Rose

Rose Blanch

Re: Blanche December 18  
1717

3834

Dear Sir I  
want to know if you can tell me  
how <sup>the</sup> months pay goes on  
because I heard people say  
thos got two years survest  
should get six months pay  
inwich I had over two years  
1 and only got four months <sup>survest</sup>  
pay from privet Longel Re  
to Mr Minster McIriell

*[Handwritten signature]*

January 21, 1920.

Pte. L. Ross,  
ROSE BLANCHE.



Dear Sir:

I enclose cheque  
for \$70.00, balance of War Service Gratuity  
due you, please.

Yours truly,

Major  
PAYMASTER

LM-  
Enc.



Received for Army Book 64

No. 3834 Name L. Rose

To Certify that I have received the AB 64 of the above  
named soldier.

Name Aboungoume

Date August 7, 1920

Place Pointe à la Pêche

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

C.R. 2834

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal 1914-1919.

*I Receive the Riband the 4 - 18 19*

Name *Mr. Longel Rose*

Date.....

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet First

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Rose Longel</u>	Age on	<u>18</u> years <u>1</u> months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<u>St. John's</u> <u>1-6-17</u>	
Joined		Date	Period of	with Colours	Place of Birth
Joined	Date	with Reserve		<u>34</u> years. <u>2</u> <u>365</u> years.	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's 4 7/19</u>					

To be carried over



**The Royal Newfoundland Regiment**

*D 3/134*

..... DEMOBILIZATION OF  
 Reg. No. *584* Rank. *Plt* Name *Rose Lopez*  
 Date of Enlistment *1-6-17* Address *Rose Blanche* District *Sergeant Lopez*  
 Occupation *Fisherman* Classification for Discharge *F* Medical Category *A1*  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date *5-6-19* ..... *for* O. C. Discharge Depot.

**PARTICULARS FOR DEMOBILIZATION**

**1. Civil Re-Establishment.**

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

*L. X. Rose*  
*mark*  
*mt. Piquet*

Particulars passed to Vocational Officer for information and action.

Date.....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

*\$60.00*

(b) Clothing Supplied.....

*W. J. ...*

Date *6-6-19*.....

O i.c. Re-clothing.



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. P. 1502 to his home at Rose Blanche and Release Certificate No. 2380 issued.

Date 6-6-19 *J.A. Lawless*  
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 11-17

Date 1-1-19 *J.A. Lawless*  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 6-6-19 *J.A. Lawless*  
Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 20 1919 *R.H. Saint Capt.*  
O. C. Discharge Depot.

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

Date June 11, 1919 *As ordered*  
*him*

Reg. No. *834* Rank *P6* Name *Boyer, P.*

Attested ..... Address *Rose Blanche*

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

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

*5-6-19*  
*20-6-19*

**PASSED BY DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**