



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5936 Name Lambert Stacey Corps Militia

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

- 1. What is your name? ..... 1. Lambert Stacey
- 2. What is your full Address? ..... 2. 4 Lat. St. St. John's
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 19 Years 5 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, Lambert Stacey 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.

Lambert Stacey SIGNATURE OF RECRUIT.

8-8-15

P. J. Moulton Signature of Witness.

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

I, Lambert Stacey 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 8 day of August 1915

Signature of Attesting Officer C. D. Dickson Lieut

### CERTIFICATE OF APPROVING OFFICER.

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

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

Date ..... 1915 }  
Place ..... } Approving Officer. W. H. [Signature]

† 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. 5936

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

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

5936 Pte. L. Stacey

C.R. 5936

Extract from Daily orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date 8-8-19.

5936, Pte. L. Stacey.

C.I.R.

5'936

**Extract from Daily Orders Part II Unit The Royal RFLA.**

**Regt. St. John's, July 15th, 1919.**

**The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot with effect from 25-7-19.**

5936 Pte. L. Stacey.

C.R. 5936

Extract from Daily Orders Regimental Unit The Royal Nfld.  
Regt. St. John's, July 2nd, 1919.

5936 Pte. L. Stacey.

Reported at Headquarters 1-7-19 on "Gassara" which  
sailed Glasgow June 24th, 1919.

C.R. 5936

Oct. 4th 1918.

Sir;

Pte. Albert Stacey.

I enclose file of correspondence in connection with the above soldier. Will you look up this matter again and interview the man with regard to his wishes.

Yours truly,

Major.

~~Deputy Registrar.~~

A. D. C.

O.C. Depot  
City

CR 5936

Extract from Daily Orders Part II Unit The Royal Wilt.  
Regt. St. John's, dated August 19th. 1918.

5936 Pte. L. Stacey.

Granted leave from 17/8/18 to 26/8/18.



C.R. 5936

Ex ract from Nominal Roll Entrained St. John's for Overseas.

Sept. 22, 1918. "M".

5936 Pte. Stacey Lambert.

C.R. 5936

Extract, from Daily Orders Part 11 from Unit The Royal  
Hfld. Regt. St. John's, dated August 9, 1918.

#5936. Pte. Lambert Stacey.

Attested for General Service with The Royal Hfld. Regt.  
from 8/8/1918.

L. Stacy

C.R. 5936

~~1890~~



No. 4638/681

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Royal Newfoundland Regiment  
Hazeley Down Camp,  
Winchester.

24th March 1919

March 26th 1919

5936 Pte Stacey L.

With reference to the following telegram from the Minister of Militia / ( 91 )

Receipt hereunder.

"Pay to- 5936 Stacey

R. Kern J. LIEUT. COLONEL,  
Officer Commdg. 2nd Battalion  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£2. 1. 0.

Received the sum of Two pounds

Cheque £ 2. 1. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

one shilling in respect of telegraphic remittance from the Minister of Militia

Lt Stacey

J. D. ...  
Chief Paymaster & O. i/c Records.

No. 5936 Rank Pte.

Witness J. Walsh S/c.

Stacy, L

5936

Joseph

August 9th 1919.

#5936, P. B. Stacey,

Flat Island, B. B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3546.

Yours truly,

Capt. W.

Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5936 Rank. PL Name Stacey L.  
 Intended place of residence Flat 125 Bonaville  
 2. Occupation Postman  
 Classification of soldier E Medical Category A 2

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 1 1919

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 1 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 1 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 8-8-18 No. of days on Military  
 Discharged from service 25-7-19 Plus 14 days Service 366

### 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 25 1919

*[Signature]*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 8 1919

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

*[Handwritten note]*  
 207913646



# The Royal Newfoundland Regiment

Class for Demobilization:—

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 10.7.19 .....

Regimental No. .... 5936 .....

Name ..... ~~Pringle~~ Stacey Lambert .....

Address ..... Flat Island P.B. .....

Present Medical Category ..... A1 .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

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

J. Paterson  
Senior Medical Officer

See Borden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5936 Rank Plr Name Stacey L  
 Date of Enlistment 8-8-18 Address Flat 25 District St. John's  
 Occupation Historian Classification for Discharge Ey Medical Category H.S.  
 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 10-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Lambert x Stacey  
with historian*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable A60.00

(b) Clothing Supplied .....

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2332R to his home  
 at Flat 9 Old and Release Certificate No. 3486 issued.

Date 11-7-19

*J.A. Snowcraft*  
 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 8-8-19

Date 11-7-19

*H.M. Lewis*  
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
E 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	2
B 178a.....	D 400A.....	B 1915.....		do 2nd.....	" 3.....	2 Form B
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 11-7-19

*J.A. Snowcraft*  
 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 JUL 25 1919

*N.R. Cooper*  
 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.

To resume former Occupation.

*Stacy L.*

Signature of Man.

*J. A. Howland*

Signature of the Vocational Officer or his Representative.

Reg. No. 8936

Place

*St Johns*

Date

*11-7-19*

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

# MEDICAL HISTORY

Surname Stacy OF Lambert  
 Christian Name

Table I.—GENERAL TABLE

Birthplace:—Parish Flathead B10 County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	8	July		
at	St John's			
Declared Age	19	years		
Trade or Occupation	fisherman			
Height	5	feet 6 1/2		
Weight		136		
Chest Measurement	Girth when fully expanded	36		
	Range of Expansion	3		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert Paterson</u>			
(Rank)	Major			Medical Officer
Enlisted	at	St John's	at	
	on	8 day of July	on	day of 1911
Joined on Enlistment	Corps		Corps	
	Regtl. No.	2936	Regtl. No.	
Transferred to	Royal Nfld Regt			
Became non-effective by	on	day of	on	day of
(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 *Lambert. Stacey*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5936*

Intended address *Flat. Island*

Height on discharge *5 Feet 7*

Color of hair on discharge *dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Luisa*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Sound Isl B-9-age 19-1900*

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) *Lambert + Stacey*

(Rank) *Pte*

Station

Date *July 7th 1919*

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



Station

Date

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

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

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

1. Unit and Corps. *Royal Artillery* 7. Former Trade or Occupation } *Robertson*  
 2. Regtl. No. *5436* 3. Rank. *Or* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name. *Stacey* *Rambert* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday. *19*  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
 11. Date of origin of disability. *nil*  
 12. Place of origin of disability. *nil*  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*



14. State whether the disabilities are
- |   |                     |                   |
|---|---------------------|-------------------|
|   | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. .                     | ✓                   |                   |
| (ii.) Previous active service .. .. .                           |                     |                   |
| (iii.) Climate in pre-war service .. .. .                       |                     |                   |
| (iv.) Ordinary military service before the war .. .. .          | ✓                   |                   |
| (v.) Serious negligence or misconduct on the }<br>man's part. } | ✓                   |                   |

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.)

*The complainee has 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?

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W. J. Proctor*  
 \_\_\_\_\_  
 Medical Officer in charge of case.

Station *Hazley Barr*

Date *10/2/19*

\* 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.

August 18, 1919

Mr. Lambert Stacey,  
Flat Island, B.B.

Dear Sir:-

Referring to your application I enclose cheque for  
seventy dollars (\$70.00), being amount of first payment due  
you on account of 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..... *Rainey* ..... 2. Surname..... *Shaver* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5936* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Flat 2501 R B* .....
- .....
6. Date of enlistment in the Regiment..... *August 10/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*My* .....
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..... *Eleven months* .....
- ..... 1.  $\frac{3}{4}$  .....

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

.....  
.....

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

.....  
.....

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

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

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

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

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

19. Are you now serving in the Regt.?..... If not give:- (a) date of discharge. *21.1.51* (b) Reason for discharge. *Demob*

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.

..... *Eng. Comd?* .....

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Lambert X Stacey*  
 Place of Residence: *Kat Deans*  
 Declared before me at: *St Johns*  
 This 11 day of *July* 19*19*.....

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

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

Paymaster

5936 Stacey

PM

Please make first pay.

W. S. G.

14/7/19

~~F. S. G.~~

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 14 1919

Received from the First Newfoundland Regiment

the sum of Seventy  
on account of Pay. 2589  
balance

Dollars

his  
L. X. Stacey  
mark

Ch. No. 2968	Initials. Lew
Pay Ledger. 2589	Initials. LW
Gen. Ledger.....	Initials.....

Regtl. No. ....

Rank .....

Wt E. Walsh

No. 5931

Rank *Pl*

Name *Stacey L.*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet one  
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Lambert Stacey</u>	Age on	<u>19</u> years <u></u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>	Religion	
Joined	Date		<u>8 4 18</u>	<u>Meth</u>	
Joined	Date	Period of	with Colours <u>1 1/2</u> years.	Place of Birth	
Joined	Date		with Reserve <u>1 1/2</u> years.	<u>Flat Golds PB</u>	

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
				<u>Demobilized</u>	<u>St Johns</u>	<u>8 5 / 19</u>			

To be carried over.

**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 Pensions 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 New Foundland* 7. Former Trade or Occupation } *Trainer*
2. Regtl. No. *5936* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Stacey Lambert* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *19*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |   | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i) Service during the present war .. .. .                        | .....               | .....             |
| (ii) Previous active service.. .. .                               | .....               | .....             |
| (iii) Climate in pre-war service .. .. .                          | .....               | .....             |
| (iv) Ordinary military service before the war .. .. .             | .....               | .....             |
| (v) Serious negligence or misconduct on the man's part. } .. .. . | .....               | .....             |

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

*All Complaints 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.

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

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

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

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

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

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

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

*Repatriciation*

*W. E. Proctor*  
 \_\_\_\_\_  
 Medical Officer in charge of case.

Station ..... *Caseydown*

Date ..... *17/12/19* .....

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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5936 Rank Plr Name Stacey L  
 Date of Enlistment 9-8-18 Address Flat 20 District Bonnyton  
 Occupation fisherman Classification for Discharge F1 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P136.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....		" 6.....
B 179c.....	B 120.....	M 93.....		

Date 10-7-19

L. M. Stacey  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

L. M. Stacey  
fisherman

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 11-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2332A to his home at Flat 95d and Release Certificate No. 3486 issued.

Date 11-7-19

*J.A. Snowcraft*  
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 8-8-19

Date 11-7-19

*H. Miss H.*  
Depot Paymaster.

Discharge approved for 25-7-19

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

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1.	<i>L. Form B</i>
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 11-7-19

*J.A. Snowcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUL 25 1919

Date .....

*N.R. Cooper Capt*  
O. C. Discharge Depot.

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

Date Aug 7 1919

*[Signature]*

Reg. No. 5936 Rank Pte Name Stacy, Lambert  
Attested 8-8-18 Address Flat Wds P.B. 7  
Allotment 60 Allottee Lennie Stacy Mother  
Date of Allotment 1-9-18 Returned from Overseas  
Embarked for Overseas SEP 22 1918 Cause

Vacc 9-9-18 to 18-11-18.  
S.K. 17-9-18 to 26-8-18 let to 8-9-18.