



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6229 Name Lawrence Collier Corps R.C.

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

1. What is your name? ..... 1. Lawrence Collier
2. What is your full Address? ..... 2. St Albans
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 29 years ..... Months
5. What is your Trade or Calling? ..... 5. Furherman
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, Lawrence Collier 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.

Lawrence Collier ..... SIGNATURE OF RECRUIT.

Thos D. Dowder ..... Signature of Witness.

OATH TAKEN BY RECRUIT ON ATTESTATION.

I, Lawrence Collier 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 2 day of October 1915.

Signature of Attesting Officer Asst District 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 ..... 191  
Place St John's ..... } Approving Officer. Robertson Capt

† 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. 6229

Extract from Daily Orders Part 11 Unit The Royal Wfld.Regt.,  
St. Johns ~~for~~ Oct. 6th, 1918.

6329 Pte. Lawrence Collier.

Attested for General Service with The Royal Wfld.Regt., from  
3-10-18.



M.F.A. 2

D6229

## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

October 17, 1918.

From:- District Officer Commanding,  
Newfoundland.

To:- Assistant Director Recruiting,  
City.

I enclose copy of letter from Rev. S.  
St. Croix, St. Albans, Bay D'Espoir in  
connection with certain men attested for  
the Regiment.

Will you please obtain full report on  
the matter from the Medical Examiners?

Major.  
District Officer Commanding.  
Newfoundland.

ENCLOSURE.

COPY.

126 New Gower Street,  
St. John's.

Mr. J. R. Bennett,  
St. John's.

Dear Sir:-

I beg to make at least a mild protest against the passing for Military Service of some young men from St. Alban's, Bay D'Espoir. The following have sprung from families infected with tuberculosis.

Lawrence Collier <sup>6229</sup> Chas. Collier <sup>6220</sup>  
Patrick Collier <sup>6222</sup> Sam. Cox. <sup>6230</sup>  
William Collier. <sup>6225</sup>

I predict that these chaps will very soon be subjects for a sanatorium. They are all very ill now and it seems to me akin to manslaughter to hold such men in the Military Service. We who know the history of those families are filled with astonishment that such subjects should pass the medical board.

Yours sincerely,  
(Rev) S. St Croix.



**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

October 19th. 1918. 191

F. W. Burden, Esq., M. D.,  
City.

Dear Sir,

Reference attached letter from  
D. O. C. to me dated October 17th. Will you please  
communicate with Doctor Tait and furnish report asked  
for.

Copies of Examination papers  
of undermentioned men herewith.

No. 6229 Lawrence Collier.

No. 6232 Patrick Collier.

No. 6220 Charley Collier.

No. 6230 Samuel Collier. *Cox*

No. 6233 William Collier.

Please return letter and papers with report.

Yours faithfully,

*P. B. Dickson*

Assistant Director of Recruiting.

St. Jehn's,

October 21st. 1918.

To Assistant Director of Recruiting,

St. Jehn's.

Reference to Medical Examination of:-

- No. 6225 Lawrence Collier.
- No. 6232 Patrick Collier.
- No. 6220 Charley Collier.
- No. 6230 Samuel Cox.
- No. 6237 William Collier.

All these men were given a thorough Medical Examination and passed All, nothing being found upon examination which would warrant them being placed in any other Category. All these men appeared to be in good health and gave satisfactory answers to questions concerning past or present illness.

One man Number 6232 Patrick Collier was marked "Try Out" owing to vague history of Stomach Trouble.

*Archibald  
Stewart*

*Report for Service 5/1/18*

*Copy*

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *St. John's* on *Oct 3rd* 191*8*

1. Name *Lawrence Collier* Age (a) Declared *20*  
(b) Apparent

2. Do you know of anything wrong with you? *No*

What severe illnesses have you had? *None.*  
*Eyes Grey*  
*Comp. Hair*  
*marks*

6229

3. Height *5' 10"* Weight *130*

4. Eyesight (a) Left *6/6* (b) Right *6/9*

5. Physical Defects (Examine after strenuous exercise) *—*

6. Examination of Lungs *—*  
Measurement (a) Expiration (b) Inspiration

7. Examination of Heart *—*

8. Examination of Urine *—*

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? *No*

11. Name and address of next of kin *Father Richard D. Allan.*

12. Category

REMARKS—

*A 111*

*Sgd*  
*Genl. C. Fair*  
*J. W. Bunden.*  
Medical Examiners

C.R. 6229

**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

November 4th/18 191

*4 copies*

From: Officer Commanding,  
Depot.

To D.O.C., Newfoundland,  
Militia Department.

6229,	Pte. L. Collier
6232,	" F. Collier
6233,	" W. Collier
6220,	" C. Collier
6230,	" S. Cox

Reference attached correspondence concerning above noted men. Four of them are at present in the M.I.D. Hospital suffering from Colds. They were admitted to M.I.D. from Barracks Hospital 8th October except C. Collier who was admitted on the 24th October after 15 days in Barracks Hospital.

The only apparent thing wrong with them was a slight increase in Temperature at night time but they are all marked as "Improving" at the M.I.D. Hospital. There is nothing in the Medical Report to show that they are suffering from Tubercular trouble.

6229 Pte Lawrence Collier has been on duty since he enlisted and has not reported on any sick parade. There is another man of the same name, from the same place, who was in Barracks Hospital 3 days with a slight temperature but he has been discharged to Duty.

6229 Pte S. Collier

*R.H. Smith*  
Captain,  
O.C. Depot

C.R. 6229

November 9, 1918.

Rev. & Dear Sir,-

Referring to your letter in connection with enlistment of Colliers of St. Albans, I went into this matter with the Medical Authorities and found that the men in question on examination did not indicate that there was anything wrong with them that would prevent them from being attested. The medical examinations showed them to be in normal health.

These men suffered from colds and have been under medical treatment. There is nothing however, to indicate that they are suffering from Tubercular trouble.

6229 Pte. L. Collier.

This man has been on duty constantly since his enlistment and has not reported himself sick once.

Yours truly,

Major.  
District Officer Commanding.  
Newfoundland.

Rev. S. St. Croix,  
St. Albans,  
Bay D'Espoir.

C.R. 6229

Extract from Medical Board held on MONDAY AFTERNOON December 2nd.,  
the following were the findings.

#6229 Pte. L. Collier

RECOMMENDED DISCHARGE AS PERMANENTLY UNFIT.

C. 12.6224

Extract of Daily Orders Part II, dated Jan. 10th 1919

DEMOBILI ZATION.

The discharge of the Undernoted man has been confirmed  
by the Officer i/s Records on noted dates.

6229 Pte. I. Collier.

Discharged 9-1-19

C.R. 6229

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.,  
St. John's, Dec. 12th, 1916.

The undernoted man discharges on Demobilization has been approved by O.C. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending confirmation by Officer i/c Records.

6229 Pte. L. Collier.

12-12-16.

January 9th, 1919.

#6229 Pte. Laurence Collier,

St. Johns,

Bay D'Espoir.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 350."

Yours faithfully,

Captain,  
Paymaster & Officer i/c Records

Enc' 1 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 6279 Rank Plt Name Lawrence Collier  
Intended place of residence St Albans, Bay d'Espoir

2. Occupation Fisherman  
Classification of soldier A B Medical Category A E

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

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

Place DEC 9 1918  
Date .....  
Alley Capt  
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 Lawrence Collier  
Dec 5th 1918 Signature of soldier  
C. Dicks A. Capt  
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 Lawrence Collier  
9-12-18 Signature of soldier  
W. H. H. H.  
Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 3-10-18 No of days on Military  
Discharged from service 12-12-18 plus 28 days Service 99

## 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 R. H. J. Capt  
Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.  
Date DEC 13 1918

## CONFIRMATION OF DISCHARGE

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

Place St John's, Nfld M. Rowley Capt  
Date January 9/1919 Officer i/c Records  
2079/350 The Royal Newfoundland Regiment

29  
30  
31  
9  
99



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 24 to his home  
 at 9-12-18 and Release Certificate No. 0155 issued.  
 Date .....  
 Demobilization Officer [Signature]

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 9-1-19  
 Date 9-12-18 12-12-18 18 Demobilization Officer [Signature]

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

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

Date 9-12-18 Demobilization Officer [Signature]

APPROVED.

Documents as above forwarded to:—  
 Officer in Charge Records.  
 Board of Pension Commissioners.  
 with following additional documents.

DEC 12 1918

Date ..... O. C. Discharge Depot [Signature]

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

Date Dec 12/1918.

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

# MEDICAL HISTORY

OF

Surname Collins

Christian Name Lawrence

Table I.—GENERAL TABLE

Birthplace:—Parish

St Albans

County

Newfoundland

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	on	day of	on	day of
Examined	3	Oct		191
at	<u>St John</u>		at	
Declared Age	20	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet		inches
Weight	130	lbs.		ll s.
Chest Measurement	Girth when fully expanded		34 1/2 inches	
	Range of Expansion		4 1/2 inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	<u>6/12 4/0</u>	R.E.—V=	
	L.E.—V=		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>[Signature]</u>			
(Rank)	<u>Major</u>		Medical Officer	
Enlisted	at	<u>St John</u>	at	
	on	3 day of Oct	on	day of 191
Joined on Enlistment	Corps	<u>Royal Newfoundland Regt 6229</u>	Corps	Regtl. No.
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

## 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 work Fishing*

*Lawrence Collier*

Signature of Man.

Reg. No. *6229*

*Edwick - Rep.*

Signature of the Vocational Officer or his Representative.

Place *St John's W.F.L.D*

Date *9/12/18* 191

Department of Militia, Newfoundland  
Medical Department

**Medical Report on an Invalid**

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

**STATEMENT OF CASE**

Station *St. John's*

Date *29<sup>th</sup> Nov 1919*

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. *6229*
- 3. Rank *Pte.*
- 4. Name *Collier Lawrence*
- 5. Age last birthday *20 years*
- 6. Enlisted on *3<sup>rd</sup> Oct 1918*
- 7. Former trade or occupation *Lumberman*

8. Disability

~~Infirmary~~  
*Debility*

9. History

*Reported frequently on Sick Parade.*

10. What is his present condition? *P. 88. T. Normal.*

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

*Complains of  
Pain in left side (Mid axillary line  
Base) upon exertion*

*General Condition fair.  
No accompaniments in chest.*

11. Was sanatorium advised and refused? *No*  
operation

12. Do you recommend discharge as permanently unfit? *Yes*

Signature *Archib. [unclear]*  
Rank or Qualification *M. M. O. Dep't*

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....  
Date ..... Rank .....

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x Cannot be considered as aggravated by:—  
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Always had a pain in side*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? *not less than 70% not*

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?  
(State in percentage.) *not*

Remarks if any:—

16. Is the disability permanent? *no*

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,  
Naval and Military Convalescent Hospital, *no*  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *permanently unfit*

Remarks if any:—

..... President

Signatures..... *J. H. ...*

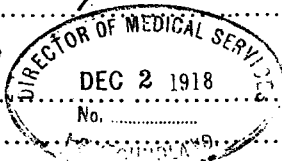
Place..... *St. Louis*

Date..... *Dec 2/18*

APPROVED

Station.....

Date.....



*Clay Macpherson Major*  
Administrative Medical Officer

### 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 *Collier Lawrence*

Regiment from which discharged *1st. Newfoundland*

Regimental number *6229*

Intended address *St Albans Bay Desper*

Height on discharge *5'* Feet *7 1/2"*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *Scar Left Leg*

Figure on discharge *Medium*

Christian name of Father *Richard*

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. *St Albans 15 Jan 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) *Lawrence Collier*

Station *St Johns* Date *2 Dec 1918* (Rank) *Pte*

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.

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

Station *St Johns* Date *2 Dec 1918*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland Regt

Number of Sheet One  
Signature of O. C. Company A. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Laverne Collier</u>	Age on	<u>20</u> years <u>0</u> months	<u>Gradesman</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St John</u>	<u>3/10/16</u>	<u>R.C.</u>	
Joined	Date	Period of	with Colours	years.	Place of Birth
Joined	Date		with Reserve	years.	

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

To be carried over.

Army Form B. 121.