



Newfoundland Forestry Companies

ATTESTATION OF

No. 115

Name Cross Lane Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Cross Lane</u> |
| 2. What is your full Address? | 2. <u>Miller town</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>37</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Timberman</u> |
| 6. Are you Married? | 6. <u>yes</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>meth.</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | Corps |

I, Cross Lane 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.

Cross Lane SIGNATURE OF RECRUIT.

Frank Payne Signature of Witness.

Cross Lane 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 Grand Falls on this 2nd day of May 1917

Signature of Attesting Officer H. J. Fitzgerald Cms.

† 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 1st Foresty Comp.

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

Date 2nd May 1917 Place Grand Falls Approving Officer J. J. [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)



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 ----- be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service

NO COUGH NOW RULES GOOD FEELS WELL NO COMPLAINT.

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

NIL.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

NIL.

(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.)

Remarks if any:—

16. Is the disability permanent?

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
retention in

N.S. FRASER.

Remarks if any:—

J.S. TAIT.

L.PATERSON, MAJOR. President

ST. JOHN'S. Signatures.....

MARCH 27TH. 1919.

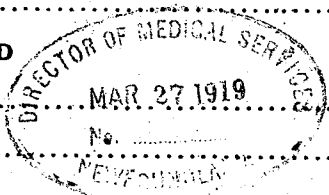
Place

Date

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON, MAJOR.

Administrative Medical Officer



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 **25/3/19**.....

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 38 . |
| 2. Regimental No. 8115 | 6. Enlisted on 29/4/18 . |
| 3. Rank SGT. | at GRAND FALLS |
| 4. Name LANE E. | 7. Former trade or occupation LUMBERMAN. |

8. Disability

NIL.

9. History

HE STATES DEVELOPED PNEUMONIA FEB. 1919. WHILST RETURNING TO NFLD. PREVIOUS TO THAT NO ILLNESS.



GENERAL APPEARANCE GOOD PHYSICAL EXAM. HEART & LUNGS NEGATIVE.
10. What is his present condition?

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

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

J.B.O'RIELLY.

Signature **CAPT.**

Rank or Qualification

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 be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service

NO COUGH, NO PULSE, GOOD FEELS WELL, NO COMPLAINT.

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

NIL.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

NIL.

(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.)

Remarks if any:—

16. Is the disability permanent?

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,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

N. S. FRAZER.

Remarks if any:—

J. S. TAIT.

L. PATTERSON, MAJOR. President

ST. JOHN'S.

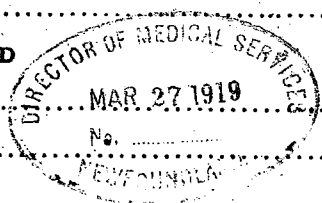
Signatures.....

MARCH 27TH. 1919.

Place

Date

APPROVED



Station

(SGD) CLUNY MACPHERSON, MAJOR.

Date

Administrative Medical Officer

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet First

Forms
B 121
59.

Regiment of Newfoundland Forestry Company Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>115</u> <u>Erno Lane</u>	Age on	<u>37</u> years <u>6</u> months	<u>Quartermaster</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	Period of	Place of Birth	
Joined		Date	with Colours <u>132</u> years. with Reserve <u>3.5</u> years.	<u>Metz</u>	



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</u> <u>St John's</u>	<u>14</u> <u>4</u> / <u>19</u>				<u>✓</u>
				To be carried over					

The Royal Newfoundland Regiment



PROCEEDINGS ON DISCHARGE

1. No. 8115 Rank Pvt. Name Lane, Erno.

Intended place of residence Millertown

2. Occupation Lumberman

Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of... **DEMORILIZATION.**

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 **MAR. 29 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 and date **ST. JOHN'S**

29-3-19

[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 and Date **ST. JOHN'S**

29-3-19

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28-4-17 No of days on Military

Discharged from service 31-3-19 Plu. 14 days Service 717

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**

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date **MAR 31 1919**

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.

Date April 14/1919

[Signature]
Officer i/c Records
The Royal Newfoundland Regiment

[Handwritten note]
H.B. 5097/1884

178
16
34
36
37

The Royal Newfoundland Regiment



DEMOBILIZATION OF

Reg. No. 8115 Rank R14 Name Lane G. noy
 Date of Enlistment 28.4.17 Address Miller town District Lawley
 Occupation Lumberman Classification for Discharge B Medical Category E0
 Recommendation S.M.B. Permanently unfit Disability Rating nil
 Passed to Demobilization Officer with following documents:—

N.F. P/36/21	2	B 268		B 121	1	N.F. Med		D.F. 1	1
B 178		W 3494		B 122		Board 1st		" 2	
B 178a	1	D 400A	1	B 1915		do 2nd		" 3	3
B 179	2	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 29.3.19 H. M. [Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Eric Lane
Frank

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £165.00

(b) Clothing Supplied [Signature]

Date 29-3-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1107Y1108* to his home at *Millstone* and Release Certificate No. *1901* issued.

Date *29-3-19* *Chadwick*
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 *11-4-19*

Date *29-3-19* *H. W. H.*
Depot Paymaster.

Discharge approved for *31-3-19*

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 *29-3-19* *J. A. Crawford*
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 *MAR 31 1919* *R. H. Sait*
O. C. Discharge Depot.

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

Date *April 12 1919* *J. Melnick*
i/c Records



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 **LANE ENOS**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8115**

Intended address **MILLERTOWN**

Height on discharge **5 Feet 7**

Color of hair on discharge **DARK**

Complexion **DARK**

Color of eyes **BLUE**

Descriptive Marks **-----**

Figure on discharge **MEDIUM**

Christian name of Father **JOHN**

Christian name of Mother **MARGARET**

Wife's maiden name in full **ANNIE**

Date and place of marriage **MILLERTOWN MAY 1909.**

Christian names of children **FLORENCE PEARL & HUGH.**

Place and date of soldier's birth **MILLERTOWN 1881.**

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) **HIS
LANE X ENOS
MARK WIT. SGT. GOSSE.**

(Rank) **SGT.**

Station **ST. JOHN'S.** Date **24/3/19.**

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

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

Station

Date