

FIRST NEWFOUNDLAND REGIMENT

RL

ATTESTATION OF

No. *3205*

Name *James Lamou*

Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. *James Lamou*
- 2. What is your full Address? 2. *Carter's Hill, St. John's*
- 3. Are you a British Subject? 3. *Yes*
- 4. What is your age? 4. *23* Years - Months
- 5. What is your Trade or Calling? 5. *Seaman*
- 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. *Yes, Naval*
- 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, *James Lamou* 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.

James Lamou SIGNATURE OF RECRUIT.

Chas. R. Aye Signature of Witness.

James Lamou OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *James Lamou* 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 given as replied to, and the said recruit has made and signed the declaration, and taken the oath before me on this *6th* day of *November*, 191*5*.

Chas. R. Aye 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*5* 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)



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *James Lannon*
aged *23 years 0 months* conducted at *B. & B.*
Date: *Nov 6th 1916* Recruiting Officer:

NO OF TEST	FINDING
1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>no</i>
8	<i>no</i>
9	<i>no no</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>no</i>
19	<i>no</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>yes to glove age 2 years left arm</i>
34	<i>5 1/2"</i>
35	<i>14 1/2"</i>
36	<i>34 3/4"</i>
37	<i>no</i>
38	<i>parents no Robert Lannon Carter Hill</i>
39	<i>none</i>

3205

Signature of Medical Examiner: *W. J. Jordan*

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

MEDICAL HISTORY

OF

Surname Lannon

Christian Name James

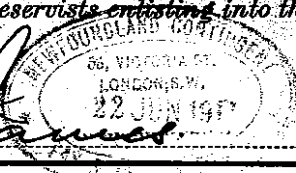


Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>6</u> day of <u>Nov.</u> 19 <u>16</u>		on _____ day of _____ 19 <u>1</u>	
	at <u>St. John's, Wfled</u>		at _____	
Declared Age	<u>23</u> years — days		years _____ days	
Trade or Occupation	<u>Seaman</u>		_____	
Height	<u>5</u> feet <u>9</u> inches		feet _____ inches	
Weight	<u>146 1/2</u> lbs.		lbs. _____	
Chest Measurement {	Grith when fully expanded ...		_____ inches	
	Range of Expansion ..		_____ inches	
Physical Development	<u>37 1/2</u> inches		_____ inches	
	<u>3 1/2</u> inches		_____ inches	
Vaccination Marks {	Right		Right	
	Left		Left	
When Vaccinated	<u>4 years ago</u>		_____	
Vision	R.E.—V= <u>6/18</u>		R.E.—V=_____	
	L.E.—V= <u>6/9</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>James Peterson</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's, Wfled</u>		at _____	
	on <u>6</u> day of <u>Nov.</u> 19 <u>16</u>		on _____ day of _____ 19 <u>1</u>	
Joined on Enlistment	Corps. <u>37th Wfled</u>	Regtl. No. <u>32051</u>	Corps. _____	Regtl. No. _____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 19 <u>1</u>		on _____ day of _____ 19 <u>1</u>	
(Rank)	_____		_____	

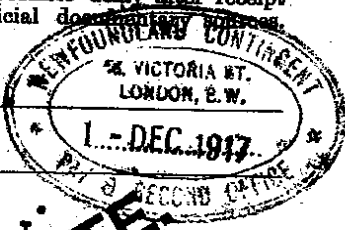
FIELD SERVICE.

Army Form B. 2090A.

REPORT of death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documents.

ORIGINAL

REGIMENT OR CORPS } "1st Newfoundland Regt." Squadron, Troop, Battery or Company } C. Co.



Regimental No. 5205 Rank Private.

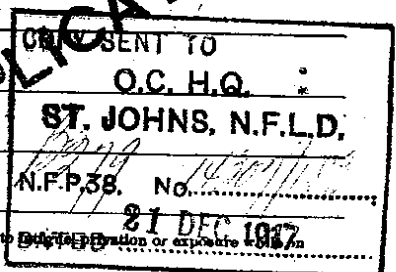
Surname Larmon. Christian Names _____

Died { Date 20/11/17. Place France.

Cause of Death* Killed in Action

Nature and Date of Report B 215 d/23/11/17

By whom made O.C. Unit.



* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received. (c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } 27/11/17. Signature of Officer in charge of Section } [Signature] Adjutant-General's Office at the Base } End Lt. for Major, Officer i/c No.1 Infantry Section.

C.R. 3205

Extract of Casualties received from Pay & Record Office,
London, dated February 4, 1918.

Reported by Rev. T. Nangle C.F. SSP. 2544. Place of Burial
57 c. W/ 6. a. Auth:- Lists from War Office.

#3205 Pte. J. Lannon.

G.

1st December, 1917.

Dear Sir,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, to-day reports No. 3205, Private James Lannon, Killed in Action on the 20th November.

Sympathetically yours,

Colonial Secretary.

Mr. Patrick Lannon,
Carter's Hill.

C.R. 3205

GRAVE SITES.

Extract of Casualties received from Pay & Record
Office, London, dated December 21, 1917.

#3205 Pte. G. Lannon. ✓

Reported by Rev. T. Nangle, C.F. Place of Burial
Marcoing Copse Cemetery.

C.R. 3206-

Extract from Medical Roll of Draft No. 25 Montreal Southampton 11/4/19
from 2/1st Newfoundland Regiment Weston-on-Lyme, to 1/1st Newfoundland
Regiment B.E.F.

3205 Pte. Lannen, J.

MP.

SEPARATION ALLOWANCE.

Claimant *Johanna Lannan* (Mother)
Deceased on account of *James Lannan* No. *2208* Rank *Pte.*

Decision.....
.....
.....
.....

Date.....

Instructions.....
.....
.....
.....

Allotment of *50[¢]* per day payable to *Johanna Lannan*
his *Mother* from *Nov/16* to *30/4/19*
Discontinued ~~on account of~~ Pension Board

L. H. Ke. S. Sgt.

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

REGIMENT.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
James Lamin Seaman R.N.R. don't know pt. 3205
William Joseph Lamin private 1519
2. Age of soldier. Married or Single.
26 *single*
19
3. Name in full of mother. Age. Occupation. Permanent Address.
Johanna Lamin 60 Married woman 33 Carter's Hill
St. John's
4. Give name of your husband. Age. Occupation Where Employed.
Patrick Lamin 63 General work General Hospital
St. John's
5. If your husband is not supporting you state the reason. *His earnings are*
unable to support me, he
being unable to do any hard work
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) *not totally*
incapacitated
7. If you are a widow, state date and place of death of your husband. _____
8. Have you married again since death of above mentioned husband? _____
9. Names of your other children. Address in full. Age. Occupation Married or Single.
Rogues Hammond 33 Carter's Hill married, but
living apart from
husband

- 21-
10. State amount earned by (a) Yourself *None*
(b) Your husband. *\$12 per week*
-
11. State amount and source of any other income. *None*
-
12. State value of real property belonging to you and your husband. *No real property*
-
13. State value of personal property belonging to you and your husband. *No personal property*
-
14. If husband is dead state value of real and personal property left by him. _____
-
15. Actual amount contributed by soldier during the year prior to enlistment. *about \$300⁰⁰ by each*
-
16. Was this amount contributed weekly or monthly. *Weekly*
-
17. Did this amount include payment of son's board, etc. *Yes*
-
18. State your son's trade or occupation prior to enlistment. *Miners*
-
19. State amount of his wages per week. *average \$11 about \$13*
-
20. State name and address of his last employer. *Mr. James Farrell
New Island
Matthew Jackson, B. I.*
-
21. State amount of monthly support from son since enlistment. *\$21.00
\$15.00*
-
22. State amount of allotment received by you from son since enlistment. *about \$465
about \$294*
-
23. State from what date did you receive allotment? *From their monthly pay*
-
24. Actual amount contributed by other children. Weekly Monthly. *None*
-
25. Are any of these children in the employ of you or your husband? *No*

26. If not receiving support from other children, state cause. Explain fully. ^{3/-} *one son away. Dont hear from him*

27. With whom are you residing at present? *Husband*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *was unable to get any information about it*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No; but husband and I get \$10 each per month pension.*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

32. In what capacity and in what place? _____

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. _____

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant... *Johanna Lammie*

Place of Residence... *33 Carters Hill, St. John's*

Declared and subscribed before me at... *St. John's*

this... *9th* day of... *September* 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *[Signature]*

Signature of member of the Patriotic Fund Committee.

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } James Lammie 1st 3205
Wm. J. Lammie 1915
2. Name and age of said soldier. } James Lammie 26 yrs
Wm. J. Lammie 19 "
3. Is said a chronic invalid and totally incapacitated. } J. Lammie, killed in action
Wm. J. Lammie, died of wounds
4. Of what nature is disability ? } Nov 1917 Obsolete
June 1916 Rheumatism
5. From what date has this total incapacity been existent ? } Nov. 1917 Same
June 1916 Same
6. How long is total incapacity likely to continue and what will be the effect on earning power. } Indefinite
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. } 50%
8. Are you the regular attending physician ? } Yes
9. Relationship to soldier of applicant ? } Father

I certify that the above statements are correct.

W. J. Lammie Place,

Sept 5th 1915 Date.

W. J. Lammie
.....
Physician.

SEPARATION ALLOWANCE.

Claimant..... *Lannon, Johannah (mother)*
On account of *James Lannon* No. *3205* Rank *Pte.*

Decision..... *Refused*
husband capable of supporting
her

A. E. Nicholson Minister of Militia
W. F. Rudace Capt. Col.
M. Bowley Capt.

Date *June 4/1919*

Instructions.....
.....
.....

Allotment of *30⁴* per day payable to *Johannah Lannon*
his *Mother* from *1/12/16* to *30/4/19*
Discontinued on account of *Pension Board*

L. R. [Signature]

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.

James Lannon No. *Nfld. Regt. 3205*

2. Age of soldier.

28

Married or Single.

Single

3. Name in full of mother. Age. Occupation. Permanent Address.

Johanna Lannon *59* *Maids* *33 Bartons Hill*
Roman.

4. Give name of your husband. Age. Occupation Where Employed.

Patrick Lannon *67* *Laborer* *Board of Works*

5. If your husband is not supporting you state the reason.

Not wholly
Because of ill health

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.

8. Have you married again since death of above mentioned husband?

9. Names of your other children. Address in full. Age. Occupation Married or Single.

John Lannon *Bell Blaine* *18* *Miner* *Single*
Agnes (Harwood) *33 Bartons Hill* *22* *Maids* *Single*

- 2/2
10. State amount earned by (a) Yourself
(b) Your husband. *\$200 a day when able to work*

 11. State amount and source of any other income. _____

 12. State value of real property belonging to you and your husband. _____

 13. State value of personal property belonging to you and your husband. _____

 14. If husband is dead state value of real and personal property left by him. _____

 15. Actual amount contributed by soldier during the year prior to enlistment. *\$25 pay week month (\$300 a year)*

 16. Was this amount contributed weekly or monthly. *monthly.*

 17. Did this amount include payment of son's board etc. *No*

 18. State your son's trade or occupation prior to enlistment. *Miner*

 19. State amount of his wages per week. *About \$10.00*

 20. State name and address of his last employer. *Nova Scotia Steel & Coal Co.*

 21. State amount of monthly support from son since enlistment. *\$15.00*

 22. State amount of allotment received by you from son since enlistment. *\$15.00 - 15.00*

 23. State from what date did you receive allotment? *Nov 20th 1917.*

 24. Actual amount contributed by other children. *nothing.* Weekly Monthly.

 25. Are any of these children in the employ of you or your husband? *No*

26. If not receiving support from other children, state cause. Explain fully. *One is married with 2 children. Other just discharged from reg.*

27. With whom are you residing at present? *With my husband*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *Yes.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

32. In what capacity and in what place? _____

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Oath Act.

Signature of Applicant..... *Thomas Dawson*

Place of Residence..... *St. John's*

Declared and subscribed before me at... *St. John's, having first been sworn & explained* this... *10th*... day of... *March*... 191*9*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *John W. Carter*

Signature of member of the Patriotic Fund Committee.

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed } *James Lamm 925*
2. Name and age of said soldier's father or other relative. } *Polak Lamm 62*
3. Is said father or other relative (a chronic) invalid and totally incapacitated. } *yes*
4. Of what nature is disability? } *Rheumatism*
5. From what date has this total incapacity been existent? } *Six months*
6. How long is total incapacity likely to continue and what will be the effect on earning power. } *Not known, might be able to do light work in the summer*
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date. } *Total for heavy work, half for light work from the date*
8. Are you the regular attending physician? } *no*
9. Relationship to soldier of applicant? } *son*

I certify that the above statements are correct.

.....*St. Louis*.....Place,

.....*March 10 1919*.....Date.

.....*James Lamm*.....
Physician.

May 16, 1919

W. J. Martin, Esq.,
Registrar of Vital Statistics,
City.

Dear Sir:-

Will you kindly advise me date
of Birth of James Lannon, son of Patrick
and Johannah Lannon of #33 Carter's Hill,
formerly I think of Bell Island, C.B.

Thanking You in advance

Yours truly

Paymas er & O.i/c Records

Capt.

Dear Sir:-

Will you kindly inform me whether James Lannen of #33 Carter's Hill, is at present or has been since December 1916 employed by your Department, and if so, what wages he has received during that period.

Thanking you in advance.

Yours truly

Paymaster & C. I. & Records Captain

James Harris, Esq.,

Secretary, Department of Public Works,

City.

No. _____
In replying the number & date
of this letter should be quoted.



Department of Public Works,
St. John's, Newfoundland.

26th. May 1919.

H-M

ENG.

Sir,

In reply to your communication re James Lannon, 35 Carter's Hill, I beg to enclose herewith statement of amounts paid him by this Department from April 11th. 1918 to April 17th. 1919. Mr. Lannon is still employed by this Department.

I am,

Your obedient servant,

Secretary.

Capt. J. M. Howley,

Engineer,

Department of Works.

July 18, 1919

Mrs. Jehannah Lannon,
33 Carters Hill,
City

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to inform you that same cannot be granted, because according to information received, your husband is capable of supporting you and has been earning good wages during 1918 and 1919.

Yours truly,

Captain & Paymaster.

ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,

DEPARTMENT OF MILITIA,

ST., JOHN'S, Nfld.

1205

540183

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

E

Mrs. L...

(2249) WL 21551/A P6599 10/19 900M (20) D.St.

Squadron, Troop, Battery and Company Conduct Sheet

Army Form B. 121

Number of Sheets *125/16*
Headlype

Signature of O. C. Company

Regiment of *1st Newfoundland*

Regimental Number and Name		Enlistment		Trade	Names of Witnesses	Punishment awarded	Days of absence or of court-martial	By whom awarded	REMARKS
		Age on 23 years months	Place and Date of Enlistment						
No. <i>2205</i>	<i>Lannon J.</i>	23 years 7 months	<i>St. John's, Nfld.</i>	<i>Seaman</i>					
Joined	Date	Period of { with Colours years. with Reserve years.		Religion	Place of Birth				
Joined	Date			<i>R.C.</i>					
Joined	Date								
Joined	Date								
Place	Date of Offence	Rank	Offence	Names of Witnesses	Punishment awarded	Days of absence or of court-martial	By whom awarded	REMARKS	
<i>St. John's</i>	<i>3.12.16</i>	<i>Pte</i>	<i>Absent from picket 7 p.m. to 10.30 p.m.</i>	<i>R. H. Knight</i>	<i>Admonished</i>	<i>4.12.16</i>	<i>R. H. Knight Lt.</i>	<i>Pay R-10 1 Cl</i>	
<i>St. John's</i>	<i>11.12.16</i>	<i>Pte</i>	<i>Refusing to obey an order</i>	<i>Stephany</i>	<i>30 r.p.c.s.</i>		<i>Major P. R. Knight</i>	<i>Cpl.</i>	
<i>St. John's</i>	<i>9.12.16</i>	<i>Pte</i>	<i>Behaving in the ranks & attention on the parade</i>						
			<i>Absent from roll call 7 p.m. to 9 p.m. 20.12.16</i>	<i>Sgt. Keenan</i>	<i>7 days C-5</i>	<i>17.12.16</i>	<i>R. H. Knight Lt.</i>		
			<i>7 p.m. to 9 p.m. 20.12.16</i>						
			<i>7 p.m. to 9 p.m. 20.12.16</i>						
			<i>7 p.m. to 9 p.m. 20.12.16</i>						

To be carried over

Army Form B. 121

Sight Forward

St Johns	26.12.16	Pt6	Absent from frequent light duties 96 hrs. between 27.12.16 & 2.1.17.	9. T. Carby Major	
St Johns	16.1.17	Pt6	Absent without leave from 9 AM. until 9 PM. 18.1.17.	9. T. Carby Major	Report 3 days pay. R.V.
Windsor	6.2.17	Pt6	Absent from 2.30 hours light duties	W.H. Spoo Lead	Report 1 day pay. R.V.
Windsor	8.2.17	Pt6	Absent from 1.30 hours light duties	W.H. Spoo Lead	Report 1 day pay. R.V.
Windsor	12.2.17	Pt6	Smoking in sleeping quarters	Major Stoughton	
Windsor	21.2.17	Pt6	Absent from tattoo 10.30 AM. 22.2.17	Major Stoughton	
Windsor	5.5.17	Pt6	Absent from tattoo until 1.20 am. 6-5-17	Major Stoughton	