

FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 2075 Name Frank Levigne Corps _____

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Frank Levigne
2. What is your full Address? 2. 216 New Growth St. St. John's Nfld
3. Are you a British Subject? 3. Yes
4. What is your Age? 4. 26 Years Months.
5. What is your Trade or Calling? 5. Cotton Wheeler
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. 3 years in Royal Medical Corps St. John's
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, Frank Levigne 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.

_____ SIGNATURE OF RECRUIT.

E. January 17 1916 Fred G.A. Rennie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Levigne 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 Nfld
on this 17 day of January 1916 Fred G.A. Rennie
Signature of the 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 _____
Place _____ } Approving Officer.

* The signature of the Approving Officer is to be affixed in the presence of the Recruit.
Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON RECRUIT
 Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Frank J. Higgins
 age 36 years 0 months. Height 5 feet 5 inches.
 Measurement { Girth when fully expanded 36 1/2 inches.
 Range of expansion 3 1/2 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT:

Name and Address of next of kin Madame Higgins
216 New Lower St | Relationship Wife
St. John's Nfld Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.	(b) Place and date of marriage.
(c) Present address.	(d) Initials of Officer verifying entry.

Particulars as to Children.

Christian Names _____ Date and Place of Birth _____

STATEMENT OF THE SERVICES.

Corps in which served	Rgt or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>17-1-16</u>									
Joined at <u>St. John's</u> on <u>January 17th 16</u>									
<u>Embarked St. John's at 12 o'clock for Halifax 23rd 16</u>									
<u>Joined unit 21-7-16. Honoured 12 8. to 1st Battalion 100th</u>									
<u>Other 12-8-16 awarded to England 25-8-16 admitted 3 ton</u>									
<u>Hospital to Hospital 21-11-16 transferred to hospital for discharge 22 2-17</u>									
<u>Newfoundland 8-11-17</u>									
<u>Discharged Medically Halifax 2-5-17</u>									
Total Service forfeited as above									
Total Service towards Engagement to <u>2-5-17</u> (date of discharge) <u>1</u> years <u>106</u> days									
" " " Pension " " " " " " " " " " " "									

C.R. 2075

Frank Levigne was attested for General
Service with the NEWFOUNDLAND REGIMENT ON Jan. 17th 1916
Regimental No. 2075 was allotted to Ptes F. Levigne.

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919

C.R. 2075

Letter from [unclear] 312 [unclear] St. John's for [unclear],
7, 23, 1916.

2075 Pte. Levigny.

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

MEDICAL HISTORY

Surname LeVigne

OF
Christian Name Frank

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>14</u> day of <u>January</u> 191 <u>6</u> at <u>St. John's Hfd.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>26</u> years _____ days		_____ years _____ days	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet	<u>5 1/2</u> inches	_____ inches	_____ inches
Weight	<u>123</u> lbs.		_____ lbs.	_____ lbs.
Chest Measurement	Girth when fully expanded... <u>36 1/2</u> inches		_____ inches	_____ inches
	Range of expansion... <u>3 1/2</u> inches		_____ inches	_____ inches
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>1</u>	_____	_____
When Vaccinated	<u>8 1/2</u> ago.		_____	
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	_____		_____	
(b) Slight defects but not sufficient to cause rejection	_____		_____	
Approved by (Signature)	<u>S.W. Burden</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at _____ on _____ day of _____ 191 <u>1</u>		at _____ on _____ day of _____ 191 <u>1</u>	
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>1st Hfd Regt.</u> <u>2075</u>		_____	
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)	_____		_____	
(Rank)	_____		_____	

COPY SENT TO
O.C. H.Q.
ST JOHN'S, N.F.L.D.
NO. 11874

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital		Discharged from Hospital		Disease	Number days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of ophthalmia, admissions and readmissions to hospital will be shown. The subsequent progress and the following particulars of treatment out of hospital, treatments, etc., will be given in the special reports due above.	Signature of Medical Officer
	Day	Month	Year	Day				
3rd ... Warrant Officer	25	4	16		Q. S. W. III, 1/2 arm (L), fracture humerus fracture humerus		<p>bone held - see records</p> <p>Disability - Q. S. W. III, 1/2 arm (L), fracture humerus Heal like joint of elbow; cannot move elbow</p> <p>Cause - Q. S. W. in active service.</p> <p>Treat - inability at present to earn a livelihood</p>	<p>H. J. ... 3rd ... General Hospital, ... NORTH, S.W.</p>

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination for Field or Foreign Service, Extension, Re-engagement, or prolongation of Service; Issue of Surgical appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
January 27/16	1 st Inoculation of S.W.B.
February 9/16 24. 6. 16	2 nd Successful Vaccination N.F.W.
6. 7. 16.	Fit for foreign Service N.F.W.
31/1/17	Sound head Found - permanently unfit Sound - fit
H. Tagan Capt R.S.M.C.	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St John's reef	22/1/16	2/1/17			

REGIMENTAL NUMBER 2075

COMPANY A

THE
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions.

For the duration of the present war, or until my discharge.

Subject to the Army Act. The King's Regulations,
and to such ordinances as may apply or may be
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.

5 George V.

Chapter IV.

Signed Frank Lewig

Witness A. F. [unclear]
Major

Dated at Race Point

30 1914



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frank Seigne, Regl. No. 2075
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 50 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins March 22 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
--------------------------	---	----------------	---------	----------------------

1838	Wife	Mr. Frank Seigne	216 Main Street St. John's	80
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Total Allotment \$

NOTE: This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig. P.A. Holloway
 for aid Officer Commanding
H Company

Sig. Frank Seigne
 (Rank) Pte

St. John's
March 22nd 1916

H.F. P./54.

No. 2763/69

From Pay & Record Office,^X London

To Minister of Militia, St. John's, Nfld.

#2075 Pte. F. Levigne

Hospital advances per A.F.O. 1823a. (1031) 3s.6d.

10/17

Ward A 4
3rd Lond. Gen. Hosp.

To Newfoundland Pay & Record Office

Please advance, Three Pounds for remittance
home to Mrs. Leveigne

Yves J. Leveigne
Rank Private
No. 2074

Wm
Capt
Medical Officer

May 1917

Ward A 4
3rd Lond. Gen. Hosp
Nov. 29/16

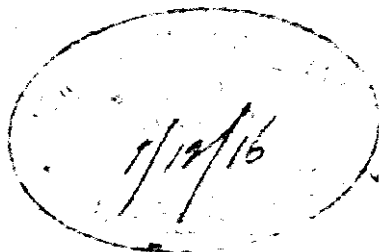
Lieut. F. W. Marshall,
Hd. Pay & Record Office,
58 Victoria St
London. S.W.

Dear Sir,

Would you please oblige the undersigned, with a requisition form, for £ 5 so I can get it signed by the Doctor here. What I need the money for is to send some parcels home for Xmas.

Hoping you will oblige,
I remain

Yours truly
F. LeVigne (#2075)



5155/1

2075

Extract from Serial Roll of Mfld. Regt. Draft No. 6.
from End B. Depot, to 1st Bn. B.M.F. Embarked Southampton.
9-7-16.

2035 Pte. F. Levigne.

NEWFOUNDLAND CERTIFICATE

COPY OF WILL
OF

No. 2075, Private F. Levigne,

In the event of my death I give the whole of my property
and effects to my wife, Mrs. Frank Levigne, 216 New Gower Street,
St. John's, Newfoundland.

Signature, Frank Levigne, No. 2075,
Rank and Regt, Private, N. F. L. D,

Dated July 16/16

CERTIFIED TRUE COPY

6.

21st August, 1916.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that **No. 2075, Private Frank LeVigne was wounded on August 12th.**

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

**Mrs. Mildred LeVigne,
216 New Cover Street.**

Colonial Secretary

2075

Extract from War List

#H. A. 1994.

2075 Pte. F. Levigne

G. S. 7. Left Arm, To England ex D. R. C. HOSPITAL 25th AUGUST 1916.

August 28, 1916.

Dear Madam,

I beg to inform you that additional information has-to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 2075, Private Frank Levigne, who was previously reported wounded on August 12th, has arrived at Wandsworth.

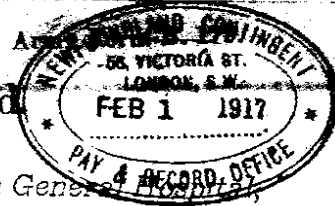
Yours faithfully,

Mrs. Mildred Levigne,
215 New Gower St.

Colonial Secretary.

Original

Medical Report on an Invalid



Station 3rd London General Hospital, WANDSWORTH, S.W.

Date 29/1/17

1. Unit 1st Newfoundland
2. Regimental No. 2075
3. Rank Pte
4. Name Lewigne F.

5. Age last birthday 26
6. Enlisted { on Jan 10, 1916
at St John's
7. Former Trade { Weaver
or Occupation {

8. Disability. arm
L.S.W. VIII 10. Fracture humerus

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Aug 6. 1916.
10. Place of origin of disability. Mores.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 11176
DATED FEB 9 - 1917

Hit by piece of whizz-bang on left elbow completely smashing up bones forming the joint. Operation at C.E.S. excision of elbow. Admitted to wards of Petherick's hospital Galois where two more operations were done. He states for removal of bone. Admitted here Aug 25. 1916. Operation Jan 13. 1917 small sequestrum removed from the elbow

12. (a) Give your opinion as to the causation of the disability.
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Active force
L.S.W

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General health good.
He still has a small wound under surface of left elbow which is discharging though this is less since his last operation.
He has a flail like joint at elbow and cannot move elbow joint.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

Yes

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

Yes. Under 11. Four in all

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wound-injury or disease, directly* attributable to active service?

19. Do you recommend

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

Yes

A. T. Swan *Asst. M.C.*
Officer in medical charge of case.

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

3rd London General Hospital,
Station WANDSWORTH, S.W.

H. E. Bennett

Date 30/1/17

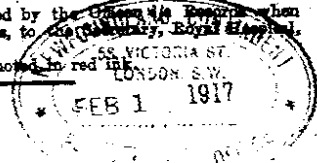
Officer in charge of Hospital.
Lt. Col. R.A.M.C.T.

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

† Delete this word if no exceptions are to be made.

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 Commissioners of Chelsea Hospital.
 Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Medical Officer when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.
 Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.



A Name in full Sergeant Frank
Regiment from which discharged 1st Newfoundland
Regimental Number 2075
Where born (Parish, Town and County), and when Cathurst, Canada (Ont.), 27/12/1890
Intended address 16 Brennan St., St. John, Newfoundland
Height on discharge 5 Feet 6 1/2 Inches
Colour of Hair on discharge Dark brown **Colour of Eyes** Greeny brown
Descriptive marks G.I.W. L. arm - **Complexion** Yellow
Figure on discharge Medium
Christian name of Father Samuel
Christian name of Mother Sarah
Wife's Maiden name in full Mildred Nicholls
Date and Place of Marriage 18/3/1914 - St. John, New Brunswick
Christian names of Children (2) Mildred - Frank
Nature and locality of civil employment desired Uncertain wife & woman

CONFIDENTIAL

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 Frank Leignie
 (Rank) Sergeant
 Station Canada
 Date my 30/17

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

Medical Officer's Signature L. J. ...
Medical Officer i/c Hospital.
 Date Mar 30 1917

B Part of Service and in what Corps	Time spent abroad with Service		
	Years	Months	Days
Infantry			
S. Africa			
Discharged			
Sum of time spent abroad			
Date of discharge	Sum of time on account of disability (if cause of pension)		
Sum of time spent abroad			

Rank on discharge
Character of disability
Where and when received
Date of admission to hospital
Trade on entry
Class of disability
Number of G.C. Badges
Wounds, and Actions in which received

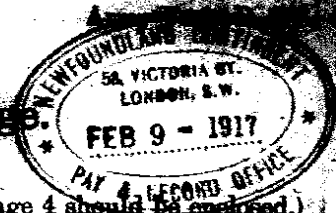
Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.
Station _____ **Officer in Charge**
Date _____ **Records.**

Do not write on this blank space.



Proceedings on Discharge



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 2075 Army Rank Private

Name Levigne Frank
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st Newfoundland Regiment

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge May 3rd 1917

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age	years	months	Descriptive marks.	
Age	<u>21</u>		<u>G.H. Larou</u>	
Height		<u>6 1/2</u> inches		
Chest measurement	girth when fully expanded			ins.
	range of expansion			ins.
Complexion	<u>pallid</u>			
Eyes	<u>grey brown</u>			
Hair	<u>dark brown</u>			
Trade	<u>Weaver</u>			
Intended place of residence	<u>16 Brunan St</u>			
(To be given as fully as practicable)	<u>St. John's Newfoundland</u>			

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of gunshot wound
VIII. IV Arm. Fracture humerus.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character: —

4. Character awarded in accordance with King's Regulations: —

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer: _____

Army Form B. 2067 has been issued to*

8. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class

9. Campaigns, Medals and Decorations

Certificate of education

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

(Place)

(Date) Commanding Bn. Regiment,

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John's, Med. Frank Serigne (Signature of Soldier.)

(Date) May 11th 1917. M. Howey, Lieut (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to (the date to which the record of service is completed) years days.

Further service (the date of confirmation of discharge)

Total

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for (date)

(Place)

(Date)

Signature

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



STATEMENT OF EVIDENCE AGAINST 2075. Pte: F. Levigne. 1st: Newfoundland Regt:

Sir,

I have the honour to state that on Friday evening the 2nd: March. 1917. I was Orderly Corporal, and at 11-30 p.m. I was instructed by the Wardmaster on Duty (Cpl: Marshall R.A.M.C.T.) to proceed to Ward. A. 1 and remove the ~~HK~~ above named man who had come into Ward at 11 o'clock under the influence of Drink. At the time I went to remove him to the Observation Ward, he was very quiet and obeyed the order to come to the Observation Ward at once and no trouble at all. On the morning of the 3rd inst He was taken before the C.O. and put back to the Observation Ward and I had orders to render B.252. against him .

Sir,

I have the honour to be.

Your Obedient Servant

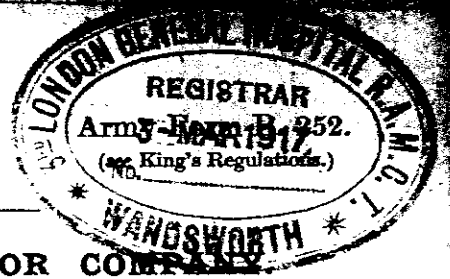
1767 *R. R. Thomson*

.....Cpl: R.A.M.C.T.
3rd. London General Hospital.

Wandsworth. S.W.
4 - 3 - 17.

L. & T. Ltd., London, W.C.
2022 4325 4100 200 619 W 14.

Forms
D. 252
31



CHARGE.

BATTERY, SQUADRON, TROOP OR COMPANY

CHARGE against No. 2075. Pte: F. Levigne. 1st: Newfoundland Regiment.

Place.	Date of Offence.	Offence.	Names of witnesses.	Punishment awarded.	By whom awarded.
3rd. London General Hptl.: Wandsworth Common. S.W.	2-3-17.	(1) Breaking out of Hospital	1767 Capt R. R. [unclear] 1603 [unclear]		
		(2) Obtaining DRINK while a patient in a Military Hospital and returning under the influence influence of the Drink.			

Documentary Evidence

Sturges
for **Capt Raney**
Commanding Battery.
Squadron, Troop or Company.

C.R. 2075

Copy of Jablensan to Governor St. John's,
Newfoundland. 25/8/17.

2075 St. Ignace.

Sent home for discharge.

C.R. 2075

Extract from roll of Officers N. G.O's
and men DISCHARGED from the Royal
Newfoundland Regiment.

Regtl. #	Rank	Name	Date	Reason
2075	PTE	LEVINGE FRANK	2/5/17	MED. UNFIT.

SEPARATION ALLOWANCE BRANCH
(Information for Board of Review)

NOTICE:

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, or Justice of the Peace, and returned to:

THE PAYMASTER
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Regt. or Unit. Reg't. No.
Frank Fevigne. Plt. 1st NFD 2075
2. Age of soldier. Married or soldier.
29. Married
3. Name in full of wife.
Mildred Nicholls.
4. Address in full of wife.
14 Bonavent-Lane St. John's City
5. Date of marriage. *Sep. 8th 1913.*
6. Place of marriage. *St. John's New Brunswick*
7. Did marriage take place since soldier's enlistment *No*
8. Was Commanding Officer's permission obtained? If not, why? *X*
9. If not married, how long have you been dependent on the soldier for your maintenance and supported regularly by him on a bona fide permanent domestic basis. *X*
10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated. *Yes*
11. Is separation a legal one? *No separation*

12. If legal, are you in receipt of Alimony? If so, state amount.

\$39.00 monthly from Father's Pension 1500. 1000 7805/11/21/16

13. If not legal, how long since your husband contributed to your support? Explain fully

X

14. State amount of allotment received by you from soldier monthly.

\$24 dollars Per Month

15. From what date have you received allotment.

received 1st Payment 7th of April 1916

16. Names of children Age last Birthday. Names of children. Age last Birthday.

*Francis Levigne 2 yrs
Mildred Levigne 4 years
Rita Marion Levigne 1 Month*

17. Are you already in receipt of Separation Allowance from any source? If so, state amount.

My Pension is \$6 dollars Per Month that includes all

18. Are you in receipt of payment from any Patriotic Funds? If so, how much.

No

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

No I understood it was only for Men who enlisted in 1917.

20. Was your husband at the time of his enlistment an employee of the U.S. Government.

No

21. In what capacity and in what place.

*Teacher
Chat Lester*

22. Is he in receipt of a salary as such while serving in the U.S. Regt. 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 Evidence Act.

Signature of applicant *M. Frank Levigne*

Place of residence. *St. Bonavent Lane St. John*

Declared and subscribed before me

at St. John's

this 12th day of Feb 1919

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

John McCarthy, J.P.

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 enquiry, the above statements are correct.

Signature of Clergyman.....

Rev. Peter J. Sheehan

Signature of member of
Patriotic ~~Fund~~ Committee.....

John P. O'Connell

N.B. Marriage Certificate must accompany this application, and will be returned after perusal. If marriage is after enlistment Commanding Officer's permission in writing must be forwarded.

No. _____



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #2075 Pte. P. LeVigne,
10 Convent Lane .

Voucher No. 29663

Cheque No. 29663

Reg'l A/c No. Name

C.B. Folio No.

Date	Reg'l A/c No.	Name	Amount
April 14. 1917		Pay a/c	\$15.00

\$15.00

CERTIFICATION

Dwight Sheet No.

Recap. Sheet No.

Checked by

M. Bowley
PAYMASTER

RECEIPT

April 14th. 1917.

Received from the 1st NEWFOUNDLAND REGIMENT the sum of
Fifteen ----- Dollars
and ----- Cents in Payment as above stated.

April 1917.

\$15.00

[Sig.] *J. LeVigne*

A.C.A. Oct 25th 1919

Major Howley
O. I. C. Records

AMOUNT	16512	<i>EW</i>
DATE		
REMARKS		

Please pay to F. Levigne, 2075
the sum of four dollars
in payment of allowance for four days to date
and charge same to Civil Re-establishment Committee

\$4.00

Pension \$30.00

[Signature]
Vocational Officer

Frank Levigne

WVB/OR.

Feb. 17, 1920.

9652

To:- Major Howley,
O.I.C. Pay and Records.

Capt. Murphy, Employment Officer.

Mr. McGrath,) Accountants.
Mr. Pomeroy)

From:- Vocational Officer.

Grant Levine, 2075

This is to certify that the man named above will complete his course on Feb. 28th. If an extension is in the meantime granted, I will notify you.

W.W. Blackall
Vocational Officer.

C.R. 2075

103 New Lower St
City

Dept. Metalia:

Gentlemen:-

In reply to your communication of Nov 24th inst.

Requesting information as to whether a headstone has been erected over the grave of Mr J. Devigne, replying to same I wish to state that I have had a headstone erected over his grave which is in the R. C. Church "Belvedere" some where about a year ago. Trusting this information is all that is necessary yours
W. J. Devigne

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

1921.

2075 1921

The accompanying **Victory Medal** and or **British War Medal**
is are forwarded herewith to

Mrs. Mildred Levigne (Widow)

in respect of his service as No. 2075 Rank Pte.

Name Frank Levigne Royal Wld. Regt.
and Forestry Corps

Receipt of the same should be acknowledged hereon.

Received by

Signature Mrs Mildred Levigne

Date Oct 12 1921

Address 1012 New Lower St

[P.T.O.]

2075

370164

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.

Mrs. Mildred Levinge

K. 1633.

Receipt for ARMY Book 64

No. 2075 Name H. LeVigne

To certify that I have received the LB 64 of the above named soldier.

Name Mrs Mildred LeVigne

Date Dec 1st 1920

Place 12 Convent Lane St John's City

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

WJ
6/20

Squadron, Troop, Battery and Company Conduct Sheet.

Number of pages 1
 Signature of O. C. Company Walter H. Bell
Walter H. Bell

Form B
 U. S. G. O. P. Form B. 121
 (Rev. 10-1-41)

Regiment of 21st Antitank Regiment
 Good Conduct Medal, Service Pay or Proficiency Pay

Name LeDigne Age 36 Rank Private
 Trade Auto Mech.
 Religion R.C.
 Date of Birth 17 1911
 Date of Entry 1 1941
 Date of Discharge 1 1941

Date	Particulars	By whom awarded	Remarks
Apr 13/41	Good + Obedience	1st Lt. G. W. Whitaker	Good
Apr 13/41	Subordination	1st Lt. G. W. Whitaker	Good
Apr 13/41	Subordination	1st Lt. G. W. Whitaker	Good
Apr 13/41	Subordination	1st Lt. G. W. Whitaker	Good
Apr 13/41	Subordination	1st Lt. G. W. Whitaker	Good

Army Form B. 103.

Casualty Form—Active Service.

1359

Regiment or Corps 1st Newfoundlands Regt Regimental Number C.R. 2075
 Rank Pvt Surname LeVigne Christian Name J.
 Religion R. C. Age on Enlistment 26 years — months.
 Enlisted Jan. 17/16 Terms of Service (a) duration of war Service reckons from (a) —
 Date of promotion to present rank — Date of appointment to lance rank —
 Extended — Re-engaged — Qualification (b) —
 or Corps Trade and Rate —

Signature of Officer i/c Records.

Date	Report From whom received	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 215, Army Form A. 36, or other official documents
------	------------------------------	-------------------	------------------	--

		Embarked ... <u>Saint-John's</u>		
		Disembarked ... <u>St. John's</u>		
		<u>12. 8. 16. SBE Hall, Trans. Hill, St. John's, 10 P.M. 12. 8. 16. ED 1729.</u>	<u>21 JUL 1916</u>	

[Faint handwritten notes and signatures]

C. Clark
Capt for St. John's
Officer in Charge, Records
St. John's

1. In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 2. See also, Shoemakers, etc.
 (P.T.O.)
 BRUCE WILSON 1914 J.P. & Co. Ltd. Form B. 103.