

FIRST NEWFOUNDLAND REGIMENT

No. 364 Name John Lyman Corps R.C.

Questions to be put to the Recruit by the Enlisting Officer

1. What is your name? I. John Lyman
2. What is your full Address? 2. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 0 Months
5. What is your Trade or Calling? 5. No
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? II. Yes

John Lyman 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.

John LymanSIGNATURE OF RECRUIT.
R. EdwardsSignature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
John Lyman 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 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 19 day of April 1917.

R. Edwards
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.....1917
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, Recruit is to be asked the particulars of his former services, and to produce, if possible, his Certificates of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

Apparent age 19 years 0 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin

Botwood

Relationship

Father.

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.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, 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>19-4-17</u>									
Joined at <u>St John's</u> on <u>April 19th 17</u>									
<u>Embarked St John's St. Helier to Halifax N.S. 19th 17</u>									
<u>Embarked for B.C.F. 8-2-18 joined Bath 20-2-18 admitted</u>									
<u>89th. trench Feb 29-3-18 Discharged to duty 2-4-18. Transferred</u>									
<u>from B.C.F. to Winchester 19-1-1919. to Staff for demobilization 30-7-19</u>									
<u>Arrives Newfoundland 7-2-1919</u>									
<u>Demobilization 13-4-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 13-4-1919 (date of discharge) 1 years 360 days
 " " " Pensions " " " " " " " " " " " "

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 *John Lyver.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3644,*

Intended address *Botwood.*

Height on discharge *5* Feet *7.*

Color of hair on discharge *Brown*

Complexion *Leak*

Color of eyes *Blue*

Descriptive Marks *Scar Left Fore Arm*

Figure on discharge *by bluing*

Christian name of Father *Frank*

Christian name of Mother *Isabella.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Halls Bay. 28-3-1900*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *John Lyver*

Station *St. John's* Date *21-3-19.* (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.

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

Station *St. John's* Date *21-3-19.*

Squadron, Troop, Battery and Company Conduct Sheet

Army Form

Form
B 121
00

Number of Pages

Regiment of *1st Newfoundland*

Signature of O. C. Company *[Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>30444 Lyves John</i>	Age on	19 years - months	<i>Lumberman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's 19.4.17</i>	Religion	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		
Joined	Date		<i>360 years</i>		
Joined	Date		<i>365 years</i>		

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
<i>Dep</i>	<i>26/7</i>	<i>Pte.</i>		<i>Absent from orderly office inspection 6th</i>	<i>Capt. Liddstone</i>	<i>3 days CB</i>	<i>28/7</i>	<i>Capt. Robertson</i>	<i>[Signature]</i>
<i>Barry</i>	<i>18/7/17</i>			<i>Absent from 6³⁰ am Parade</i>	<i>Capt. Hall</i>	<i>3 days CB</i>	<i>18/7/17</i>	<i>Capt. Robertson</i>	<i>[Signature]</i>
<i>Barry</i>	<i>8/9/17</i>			<i>Absent from tattoo till 11 P.m.</i>	<i>Capt. Hordale</i>	<i>3 days CB</i>	<i>10/9/17</i>	<i>Capt. Robertson</i>	<i>[Signature]</i>
<i>P. School Dep</i>	<i>22/9/17</i>	<i>Pte.</i>		<i>Insolent to a N. C. Officer.</i>	<i>Capt. Bishop</i>	<i>3 days CB</i>	<i>22/9/17</i>	<i>Lt. Emerson</i>	<i>[Signature]</i>
<i>Newton Park School</i>	<i>2/1/18</i>			<i>Improperly dressed on parade for route march.</i>	<i>Capt. Warden</i>	<i>4 days CB</i>	<i>9/1/18</i>	<i>Lieut. Emerson</i>	<i>[Signature]</i>
<i>Stagby Down Camp</i>	<i>23/1/18</i>			<i>Failure to comply with an order</i>	<i>Capt. Cassin</i>	<i>3 days CB</i>	<i>30/1/18</i>	<i>Lieut. S. Emerson</i>	<i>[Signature]</i>
	<i>7/2/18</i>			<i>Absent from midnight 6th until 9 a.m. 7th.</i>	<i>Capt. Readell</i>		<i>8/1/18</i>	<i>Lieut. S. Emerson</i>	<i>[Signature]</i>

Demobilized St. John's 13/4/19

To be carried over

ARMY FORM B 121

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 **22ND. MARCH 1919**.....

- | | |
|-----------------------------------|---|
| 1. Unit Royal Newfoundland | 5. Age last birthday 19 YEARS. |
| 2. Regimental No 3644 | 6. Enlisted on APRIL 19TH. 1917. |
| 3. Rank PT2. | at ST. JOHN'S. |
| 4. Name LYVER JOHN | 7. Former trade or occupation LUMBERMAN. |

8. Disability

GASSED.

9. History

GASSED 19TH. OCT. 1918. WAS IN BELGIAN HOUSE ASSEMBLY WHEN GASSED. DID NOT RECEIVE MEDICAL TREATMENT.

10. What is his present condition?

GENERAL CONDITION GOOD SAYS HE FEELS A BURNING SENSATION UP & DOWN L. SIDE &
(This is the important question. Be
brief—the clearer the case the less
need be written. Read note f above.)

NECK. THIS CONDITION IS NOT PERMANENT. SAYS HE FEELS SICK IN THE MORNINGS
SOMETIMES. NO ACCOMPANIMENTS LUNGS. PULSE 96. HEART NORMAL 2 SCARS BELOW
ELBOW HEALED T.C.T.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit?

Signature L. PATERSON. MAJOR.

Rank or Qualification MAJOR.

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 **MAY** 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.

YES WAS STRUCK IN THE ARM ACCIDENTLY BY A BAYONET. CONSEQUENTLY INFLAMMATION OF CONNECTIVE TISSUES. FOR WHICH 2 INCISIONS MADE. HEALTHY APPEARANCE A VARIETY OF SYMPTOMS WHICH ATTRIBUTES TO GASSING.

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

LESS THAN 5%.

(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.)

LESS THAN 5%.

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

Remarks if any:—

..... **N. S. FRASER.**
President

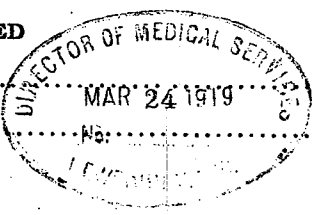
Signatures **JOHN DUNCAN.**

..... **L. PATERSON. MAJOR.**

Place **ST. JOHN'S.**

Date **MARCH 24TH. 1919.**

APPROVED

Station 

Date No.

(SGD) **CLUNY MACPHERSON. MAJOR.** ...
Administrative Medical Officer

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 assume former occupation
(Lumbering)

J. Sawyer
Signature of Man.

J. A. Crawford
Signature of the Vocational Officer or his Representative.

Reg. No. 3644

Place *St. Johns*

Date *28-3-19*

C.R. 3644

Extract from Medical Board held on Monday Evening
Mar. 24th, 1919.

3644 Pte. J. Lyver.

Recommended discharge from the Army.

C.R. 3644

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated March 31st/19.

The Discharge of the undernoted on Demobilisation
has been APPROVED by O.C. Discharge Depot from
noted date.

3644 Pte. John Lyver.

30/3/19.

C.R. 3644

Extract from Nominal Roll of the Royal Nfld. Regt.
24-1-19.

The undermentioned who was transferred from
B.E.F. to the 2nd Bn., Winchester, awaiting repatriation.
19-1-19.

3644 Pts. J. Lyver.

OCT 5 1921.

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

John Lyver

in respect of his service as No. **3644** Rank **Pte.**

Name **J. Lyver** **Royal Nfld. Regt.**
~~Infantry~~

Receipt of the same should be acknowledged hereon.

Received **Nov 12th**

Signature **John Lyver**

Date **Nov 16th**

Address **Botwood**



July 7th, 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1239), is forwarded herewith to

John Lyver,

in respect of his service as No. 3644 Rank Pyta,

Name John Lyver, Corps Royal Field Regt.

Receipt of the same should be acknowledged hereon.

Received 26th August 1921

Signature

John Lyver

MJ

Date

29/8/21.

Address

Bethwood