



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5858 Name Vincent Devos Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. What is your name? | 1. <u>Vincent Devos</u> |
| 2. What is your full Address? | 2. <u>Grand Haven, Cudroy</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Generalman</u> |
| 6. Are you Married? | 6. <u>No</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. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>Yes</u> |

I, Vincent Devos 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.

Vincent Devos SIGNATURE OF RECRUIT.

27-9-15 Corp Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Vincent Devos 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

on this 27 day of July 1915

Signature of Attesting Officer C. Dinko 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 July 29 1915

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 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 ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

15838

Name Vincent Deane

Apparent age 19 years months. Height 5 feet 9 3/4 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
Range of expansion 3 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Marcelline Deane

Grand River Audrey | Relationship Yather

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>27-7-18</u>									
Joined at <u>M. H. S. on July 27 1918</u>									
<u>Discharged August 6 1919</u>									
<u>124</u>									
<u>Embarked M. H. S. train to Halifax NS 22-9-18</u>									
<u>To the embarkation for demobilization 21-6-1919</u>									
<u>Arrived to embarkation 1-7-1919</u>									
<u>Demobilization M. H. S. 6-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 6-8-1919 [date of discharge] 1 years 11 days

" " Pensions " [" "] " " "

C.R. 5858

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/o Records from W 6-8-19.

5858 Pte. V. Devoe.

C.R. 5858

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 14th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 23-7-19

5858 Pte. W. Devoe.

C.R. 5858

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd, 1919.

5858 Pte. W. Devoe.

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5858

Extract from Nominal Roll Entrained at St. John's for Overseas,
Sept. 22, 1918. "C"

5858 Pte. DeVoe Vincent.

C.R. 5858

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. St. John's, dated August 9, 1918.

~~#5858~~, Pte. V. Deves,
5858

Granted leave from 8-8-18 to 18-8-18.

C.R. 5858

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 30th, 1918.

#5858 Pte. Vincent Devoe.

Attested for General Service with the Royal Nf. d.
Regt. from 27-7-18.

V Devoe

C.R. 58⁵~~88~~

SPD

Nº ~~6586~~
6585



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Vincent Jerome, Regl. No. 5858

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty 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 1-9-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6585	Father	Marcellin Jerome	St. Bonaventure Rodrigue	60
Total Allotment, \$				

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

(Sig.) A. J. Cummings

Officer Commanding
6 Company

(Sig.) Vincent Jerome

(Rank) Pte

St John's Regt
Aug 27
1918

No. 5345/781

N.F.P./791

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.I/c Records,
Newfoundland Contingent,
Pay & Record Office,
58 Victoria Street,
London, B.W. 1.

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

5th April 1919

Apr 15 4 1919
PAY & RECORD OFFICE

5858 Pte. Devoe V.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (118)

Cham
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg.

"Pay to- 5858 Devoe

£10.6.0

Received the sum of £10.6.0.
Seapores Pin. in respect of
telegraphic remittance from the
Minister of Militia.

Cheque £10. 6. 0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

V Devoe
No. 5858 Rank Rt.
Witness Geo Perry

M.P. Hunt
Chief Paymaster & O. I/c Records.

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
18 JUN 1919
PAY & RECORD OFFICE

1001716

No. 8462/1592

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W.

To: Officer Commanding,
2/Bn Royal Nfld. Regt.,
Winchester

11th June 1919

5858. Pte. X Devoe

With reference to the following telegram from the Minister of Militia / / 19 (223):

"Pay to-

5858 Devoe £2:1:0

Cheque £ 2:1:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. D. Minnell

Chief Paymaster & O. i/c Records.

June 13th 1919.

Receipt hereunder.

J. T. Raston LIEUT. COLONEL,
COMMANDING 2ND Bn. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2 Batt'n.

Received the sum of £2 1 0

Two Pounds One Shilling in respect of telegraphic remittance from the Minister of Militia.

J. Devoe

No. 5858 Rank Pte.

Witness: H. White

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
18 JUN 1919
PAY & RECORD OFFICE

1001716

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Two Pounds One Shilling in respect of telegraphic remittance from the Minister of Militia.

J. Devoe

No. 5858 Rank Pte.

Witness: H. White

L Devoe, D

5858

Gay sept.

August 6th 1919.

#5858, Pte.V.Dévoe.

Codroy.

Dear Sir:

Enclosed please find Discharge Certificate
3413.

Yours truly,

Capt. & C. i/o Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5858 Rank Pfc Name Derve
 Intended place of residence Cadroy
 2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION 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 JUL 9 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, ST. JOHN'S

Date JUL 9 - 1919

Vincent Derve
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, ST. JOHN'S

Date JUL 9 - 1919

Vincent Derve
Signature of soldier

James Newman
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service.....	<u>27-7-18</u>	No. of days on Military
Discharged from service.....	<u>23-7-19</u> Plus 14 days	Service... <u>276</u>

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty eight days from date.

Place, ST. JOHN'S

Date JUL 23 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 6/1919

[Signature]
 Officer in Charge Records
 The Royal Newfoundland Regiment

AD B 2279/3413

The Royal Newfoundland Regiment

Class for Demobilization:—

8

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5758*

Name *George Vincent*

Address *Co. Troop*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

..... *R.H. Last Major*

O.C. Discharge Depot.

..... *J. Paterson*

Senior Medical Officer

..... *J. W. Burden*

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5858 Rank Pte Name Devore V
 Date of Enlistment 27.7.18 Address Louisa District St. George's
 Occupation Subaltern Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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 8.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Vincent Devore

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) ~~Clothing Supplied~~

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192285 to his home at Bodway and Release Certificate No. 3341 issued.

Date 9-7-19

[Signature]
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 6-8-19

Date 9-7-19

[Signature]
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 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		

[Signature]
2 Form B

Date 9-7-19

[Signature]
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 JUL 23 1919

[Signature]
for O. C. Discharge Depot.

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

Date

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 resume former Occupation.

Vincent Devore

Signature of Man.

Reg. No. 3868

J. J. Newcomb

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

9-7-19.

191

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

MEDICAL HISTORY

Surname

Seave

OF

Christian Name

Vincent

Table I.—GENERAL TABLE

Birthplace :—Parish

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>27</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>19</i> years	days	years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet	<i>9 3/4</i> inches	feet	inches
Weight		<i>132</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded		<i>35 1/2</i>	inches
	Range of Expansion		<i>3 1/2</i>	inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/18</i>	R.E.—V=	
	L.E.—V=	<i>6/18</i>	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)	<i>Lammie Paterson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St John's</i>	at		
	on <i>27</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps <i>Regal</i>	Regtl. No. <i>5858</i>	Corps	Regtl. No.
Transferred to	<i>W.F.D. Sgt</i>			
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				



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 *Vincent Devoe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5858*

Intended address *Codroy.*

Height on discharge *5'* Feet *9"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Marcella.*

Christian name of Mother *Margaret.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Codroy, 2 July, 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) *Vincent Devoe* *Pl.*
(Rank)

Station *ST. JOHN'S.* Date *6-7-19*

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.

Station 

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

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5858* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Devor*..... *Vincent*.....
 (Surname) (Christian Names)
5. Age last birthday... *19*.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court
- (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil*
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|----------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no Disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W.E. Proctor - Capt R.A.M.C.

Medical Officer in charge of case.

Station *Hazey Down*

Date *9/11/19*

* 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

August 15, 1919

Mr. Vincent Devco,
Little River,
CODROY.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the war Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Vincent* 2. Surname..... *Devere*
3. Rank..... *Able* 4. Regtl. No..... *5858*
5. Address in full to which future payments of gratuity are to be forwarded..... *Little River Codroy*
-
6. Date of enlistment in the Regiment..... *July* *1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
8. Relationship of such dependents..... */*
9. Address in full of such dependents..... */*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
-
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twelve months*
- *1.2*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
..... *no*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.
..... *no*

15. Have you been issued with a War Service Badge?..... *no*

16. Have you, during the present war, served in the Imperial Forces?..... *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.
..... *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *no*

19. Are you now serving in the Regt.?..... *no* If not give:- (a) date of discharge. *July 23/19*. (b) Reason for discharge.

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.
.....

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Vincent Devre

Signature of Applicant:-

Place of Residence: *Little River, Calverton*

Declared before me at: *St John's*

This 10 day of *July* 19*19*....

John M. Garthay

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.		Net amount due
.....
.....
.....
Certified correct.			

Duplicate
ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on July 27th 1918

1. Name Vernon Devere Age (a) Declared 19
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

Eyes. Brown
Comp. Dark
Marks —

3. Height 5'9 1/2" Weight 132

4. Eyesight (a) Left 6/18 (b) Right 6/18

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs

Measurement (a) Expiration 32 (b) Inspiration 35 1/2

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? Yes, 8 yrs ago

11. Name and address of next of kin Father ~~Francis~~ *Francis* Codroy

REMARKS—

All

Sgt. Archibald L. Paterson

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 1

Signature of O. C. Company C. D. Dicko Lieut.

Regiment of Royal Newfoundland Regt

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Vincert Seave</u>	Age on	<u>19</u> years <u>3</u> months	<u>Soldier</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date			<u>R.C.</u>	
Joined	Date	Period of	with Colours <u>1¹¹/₃₆₅</u> years.	Place of Birth	
Joined	Date		with Reserve	<u>Codroy</u>	

Place	Date of Offence	Rank	Charges of DISCIPLINARY NATURE	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hazelton D. Camp</u>	<u>22-5-19</u>	<u>Pvt</u>		<u>Improper Conduct. Drugging & Bawling in barracks while in unclean state</u>	<u>Sgt. P. W. R. & Ex. Whiffen</u>	<u>4 days C. B.</u>	<u>23-5-19</u>	<u>J. Peterson Lt.</u>	
				<u>Demobilized</u>	<u>St John's</u>	<u>6-79</u>			

To be carried over.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. *Royal Horse Artillery*
- 2. Regtl. No. *5858*
- 3. Rank. *Plt*
- 4. Name *Dene* *Vincent*
(Surname) (Christian Names)
- 5. Age last birthday *19*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fireman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
- (b) Date of Discharge ;
(c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

The Complaints of the disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?

Rehabilitation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.S. Proctor *Capt*
Rdme

Medical Officer in charge of case.

Station *Hazley Down*

Date *9.14/19*

* 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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5859 Rank Pte Name Devore V
 Date of Enlistment 27.7.18 Address Acoury District St. Georges
 Occupation Fisherman Classification for Discharge 6 Medical Category A.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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 8.1.19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Vincent Devore

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing~~ Supplied

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192285 to his home at Bodruy and Release Certificate No. 3341 issued.

Date 9-7-19

J.A. Snowlett
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 6-8-19

Date 9-7-19

H. H. H. H.
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
F 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		

2 Fam B

Date 9-7-19

J.A. Snowlett
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 JUL 23 1919

D.R. Cooper
O. C. Discharge Depot.

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

Date July 21/19