



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4830 Name William Noble ~~Case~~ EdE

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>William Noble</u> |
| 2. What is your full Address? | 2. <u>Lawn, Aubrey Lane</u>
<u>B. 10</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u> </u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, William Noble 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.

William Noble SIGNATURE OF RECRUIT.

James Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Noble 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 on this 15 day of May 1915.

Signature of Attesting Officer Edmund Street

†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 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.

Name William Noble
 Apparent age 23 years months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 36 inches
 { Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs George Noble
Lowes Street, Cove St. Relationship Mother

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 _____									<div style="text-align: right; margin-bottom: 10px;"> Signature of Officers certifying correctness of entries </div>
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4830 Name William Noble *EdE*

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>William Noble</u> |
| 2. What is your full Address? | 2. <u>Lower Lambert Cove</u>
<u>1319</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, William Noble 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.

William Noble SIGNATURE OF RECRUIT.
James Pittman Signature of Witness.

William Noble OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Noble 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 on this 1st day of May 1918.

Signature of Attesting Officer James Pitt

† 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.....1918 } 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Noble
 Apparent age 22 years months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs George
William Noble
Road, Amberst Cove P.B. Relationship Mother

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 L'epot	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>1-5-1918</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
Discharged July 11 1919									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for St. John's 16-10-1918</u>									
<u>Embarked France 26-10-1918</u>									
<u>Joined 8th Bn. 3-11-1918. Transferred from Queen's 22-2-19. Arrived Hamilton 28-4-19.</u>									
<u>to be transferred for demobilization 22-5-19. Arrived Gld. 1-6-1919</u>									
<u>Demobilization 4-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge)					1	years	65	days	
Pensions " " " " " " " "									

C.R. 4830

Extract from Daily Orders Part 11 Unit The Royal Rifles.

Regt. By T.G. Mathias, D.S.O., Commanding 1st Batta.

3-11-18.

The following joined the Batta. 3-11-18.

4830 Pte. W. Noble.

G. Coy.

C.R. 4830

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date ⁴8-7-19.

4830, Pte. Wm. Noble.

C.R. 4830

Extract from Daily Orders Part II Unit The Royal Welch,
Regt. St. John's, (Depot) June 10th, 1919.

The discharge of the undernoted on demobilization has
been APPROVED by C.O. Discharge Depot, with effect from
20-6-19.

4830 Pte. Wm. Noble.

C.R. 4830

Extract from Daily Orders Part III Depot, St. John's,

Date 9-6-19.

4830 Pte. Wm. Noble.

Reported at Headquarters 1-6-19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R.

4830

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4830 Pte. W. Noble.

C.R. 4830

Extract from General Roll Re-inforcement Draft No. 55 Subariat Folkeston
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Havelock Down Camp,
St. John's, to 1st Batta, Royal Newfoundland Regiment, S.S.F.

4830 Pte. Mowle, W.

MR.

BLANDFORD

4830

C.R.

Extract from Daily Orders By Major M.S. Sullivan
Commanding Newfoundland Forestry Companies, 29-11-18.

The undermentioned having completed ^{his} ~~their~~ trial
with the Unit is attached to the strength from 23-11-18.
and posted to C. Co.

4830 By S/pl. M. Hammond.

C.R. 4830

Extract from Daily Orders Part 11. from Unit The Royal Nfld.,
Regiment, St. John's, dated June 14th 1918.

4830 Pte W. Noble

Embarked for Overseas with draft 11-6-18.

C.R. 4830

Extract from Daily Orders part 11, from Unit The Royal "fld.
Regt. St. John's, dated May 2nd, 1918.

#4830 Pte. William Noble

Attested for General Service with the Royal "fld. Regt. 2 on
1/5/18.

C.R. 4830

W. Noble

P. 49. 6

FORM K



Nº 4008a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Noble, Regl. No. 4830

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ 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. 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3876</u>	<u>Father</u>	<u>George Noble</u>	<u>Lower Amherst Cove B.F.</u>	
Total Allotment, £				<u>60⁰</u>

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.) [Signature]
Officer Commanding
Company
[Signature]
May 16 1918

(Sig.) William Noble
(Rank) Pte

FORM K

No 4008



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Noble, Regl. No. 4830

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3876</u>	<u>Father</u>	<u>George Noble</u>	<u>Lower Ambrose Cove, D.B.</u>	
Total Allotment, \$				<u>60⁰⁰</u>

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.) G. James
Officer Commanding
A Company
16 May 1918

(S) William Noble
Rank Pte

Medical Report on an Invalid.

Station Hageley Down Camp.
Date 30. 4. 19

- | | |
|---|--|
| <p>1. Unit <u>Royal Newfind</u></p> <p>2. Regimental No. <u>4830</u></p> <p>3. Rank <u>Pte.</u></p> <p>4. Name <u>Noble, W.</u></p> <p>5. Age last birthday <u>24.</u></p> <p>6. Enlisted } on <u>1. 5. 18</u>
at <u>St John</u></p> | <p>7. Former Trade or Occupation } <u>Fisherman</u></p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit ;</p> <p>(b) Regimental No. ;</p> <p>(c) Date of Discharge ;</p> <p>(d) Cause of Discharge.</p> |
|---|--|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

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. *nil*
10. Place of origin of disability. *nil*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- nil*

13. What is his present condition?

He complains of no disability

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

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

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

w

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

w

If so—(a) When?

(b) Where?

(c) Opinion?

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

w

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

w

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

w

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

w

Repatriation

20. Do you recommend—

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

W. H. M. / Major D. B.

Officer in medical charge of case.

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

Station *H.A. Camp*

Officer in charge of Hospital.

Date *30. 4. 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.

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

No. 6703/1053

099603 Nfld. Cont.

FROM: NEWFOUNDLAND CONTINGENT

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

TO: Officer Commanding,
2nd Batt. ~~Nfld~~ Regiment
Winchester

3rd May, 1919

191

4830 Pte. W. Noble

With reference to the following telegram from the Minister of Militia / / (162)

"Pay to- 48³⁰ W. Noble
£6-0-0

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

[Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]
Officer Commdg. Batt'n.

Received the sum of Six pounds (£6.0.0) in respect of telegraphic remittance from the Minister of Militia.

W Noble
No. _____ Rank _____

Witness
[Signature] French W Sgt

No. 16522/1788.

N.F.P. /79.

NEW FOUNDLAND CONTINGENT

From:

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

Officer Commanding,
2nd. Bn. Royal Nfld. Regt.,
Winchester,

049505
210

Oct. 12th, 1918

6 Oct. 1918 1918

Subject: 4830, Pte. W. Noble,

Receipt hereunder.

With reference to the following
telegram (8772) from the Hon.
Minister of Militia, received
/ /

D. J. Barkin LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

"pay to 4830, Pte. W. Noble, £3.0.0.

Received the sum of £3-0-0

Draft £ 3.0.0. is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Three pounds on account of
cable remittance from Newfoundland.

H. C. Mansfield Maj.
Chief Paymaster & O. i/c Records.

William Noble
No. 4830 Rank Pte.

Witness
E. Manning

No. 13531/1363 ✓

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. R. Newfoundland Regt.,
Winchester.

24th, August 1918

Aug 26th 1918

Subject: 4830, Pte. W. Noble c

With reference to the following telegram (7575) from the Hon. Minister of Militia, received

"Pay to 4830 Noble £2. 0. 0

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

F. H. Marshall
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. D. Barton LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding, Batt'n
Royal Newfoundland Regiment

Received the sum of £2.0.0

Two pounds on account of cable remittance from Newfoundland.

William Noble
No. 4830 Rank Pte.

Witness:-

4693 Pte. B. Manning

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4830	Pte	Noble W.	\$2.50	W. Noble

I have the honour to be, Sir,
Your obedient servant.

William Noble

Date

July 1/18

Coble, D^{ca}

4830

Ray Sept.

July 4, 1919

#4830 Pte. William Noble,

Lower Amherst Cove, B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 24007

Yours truly

Captain,
Paymaster & Officer i/c Records.

The Royal Wld. Regiment

DEMOBILIZATION

No. 4836 Rank

Name Noble W

Warned for demobilization on

JUN 6 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4830 Rank Pte Name Noble Wm
 Intended place of residence Lower Ancher's Cove
2. Occupation Disherman
 Classification of soldier A Medical Category A1
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. H. M. S. Lieut.
 Date JUN 6 1919 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S.
JUN 6 1919

W. Noble
 Signature of soldier

Amble Houston Lt
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S.
JUN 6 1919

W. Noble
 Signature of soldier

W. J. Kealey DMS
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 20-6-19 Plus 14 days Service 430

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S.
 Date JUN 20 1919

R. H. Lieut Capt
 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. Med
 Date July 4/1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

Q B 5079 / 2400

31
30
11

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11-6-19*

Regimental No. *4930*

Name *W. G. Gable*

Address *Amherst Cove R.N.*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R.H. East Capt.
O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

S.W. Burden
~~M.O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4830 Rank Plt Name Walter W. Noble
 Date of Enlistment 15 18 Address Home - Robert Co. District Bonaville
 Occupation Technician Classification for Discharge 2 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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	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 5 6 19

W. W. Noble
O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

W. W. Noble

Particulars passed to Vocational Officer for information and action.

Date:

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable to C.
 (b) Clothing Supplied W. W. Noble

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1534.2 603* to his home at *Lower Central Ave* and Release Certificate No. *2398* issued

Date *6-6-19* *J.A. Knowlton*
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 *4-7-19*

Date *6-6-19* *J.A. Knowlton*
Depot Paymaster.

Discharge approved for *20-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
R 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 Form B

Date *6-6-19* *J.A. Knowlton*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 20 1919*

R.H. Jait Capt.
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

William Wolfe
Signature of Man.

J. D. Shaw Capt.
Signature of the Vocational Officer or his Representative.

Reg. No. H 830

Place St. Johns

Date

191

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

MEDICAL HISTORY

Surname Noble OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Lower Amherst Cove County Nflda

	SPECIAL RESERVE		REGULAR ARMY			
	on	day of	on	day of		
Examined	on <u>1st</u>	day of <u>May</u> 191 <u>8</u>	on	day of	191	
	at <u>St John's</u>	<u>Nflda</u>	at			
Declared Age	<u>22</u>	years	—	days	years	days
Trade or Occupation	<u>Fisherman</u>					
Height	<u>5</u>	feet	<u>8</u>	inches	feet	inches
Weight			<u>145</u>	lbs.		lbs.
Chest Measure-ment	Girth when fully expanded		<u>36</u>	inches		inches
	Range of Expansion		<u>4</u>	inches		inches
Physical Development						
Vaccination Marks	Right	Left	Right	Left		
	Arm					
	Number					
When Vaccinated	<u>1918</u>					
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	(a)		(a)			
(b) Slight defects but not sufficient to cause rejection	(b)		(b)			
Approved by (Signature)	<u>Lambert Pedersen</u>					
(Rank)	<u>Major</u>					
	Medical Officer.				Medical Officer.	
Enlisted	at <u>St John's</u>	<u>Nflda</u>	at			
	on <u>1st</u>	day of <u>May</u> 191 <u>8</u>	on	day of	191	
	Corps.	Regtl. No.	Corps	Regtl. No.		
Joined on Enlistment	<u>The Royal Nflda Regt.</u>		<u>4830</u>			
Transferred to						
Became non-effective by						
(Signature)	on	day of	191	on	day of	191
(Rank)						

Medical Report on an Invalid.

Station Hazelton

Date 30/4/19

1. Unit Royal Newfoundland 7. Former Trade } Fisherman
 or Occupation }
 2. Regimental No. 4830
 3. Rank N/A
 4. Name Noble
 5. Age last birthday 24
 6. Enlisted { on 1/5/18
 at St John's

7A. If with previous service in Army, state—

- (a) Former Unit;
 (b) Regimental No. ;
 (c) Date of Discharge ;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na }

13. What is his present condition?

no complaints of no disability

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

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

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

na

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

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

na

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

na

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 wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

W.R. 1

Major D.A.M.

Officer in medical charge of case.

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

Station *Hazley Down*

Officer in charge of Hospital.

Date *30-4-19*

*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.

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

No. 4850 Name Noble, W. Sqn., Batty., } C Corps ROYAL NEWFOUNDLAND ARTY REGT. Date of enlistment } 1/27/18 G.C. Badges } 2 Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drink } Period not reckoning towards freedom from extra fine } Sheet No. } 132 Signature O.C. Company, etc. } H. M. Curson, Capt. Character

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
Romen	24/3/19	PTG		Def. of Kit	CAS Watson	pay for course	1-4-19	Mag Bernard	WRM

ARMY FORM B. 122

[P.T.O.]



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 *William Noble*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4830*

Intended address *Amherst Cove P.M.B.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black.*

Complexion *Fair.*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Sussane*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Amherst Cove 8th October, 1895*

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)

William Noble

H.
(Rank)

Station

ST. JOHN'S.

Date

4-6-19

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

Date



Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Noble Christian Name Wm.

Religion C Age on Enlistment 23 years 11 months
DURATION.

Enlisted (a) W.S. Terms of Service (a) 1 1/2 years Service reckons from (a) 1/18

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended () Re-engaged () Qualification (b) _____
 or Corps Trade and Rate _____

Occupation Fisherman J. M. E... Signature of Officer.

RFB 1918

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
			Joined Battalion	3 NOV 1918	
		<u>Arrived in UK</u>			<u>95/4/19</u>

20 OCT 1918
3 NOV 1918

(a) In the case of a man who has re-engaged for or enlisted in the Special Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, & other (C.567). Wt. W 1887, P. 1124. 1,000,000. 418. D & S. Form B.103. (E. 1256.)

Next of kin mother

Mrs Geo Noble
Lower Amherst Cove
St B

July 5, 1919

#4830 Pte. William Noble,

Lower Amherst Cove, B.B.

Dear Sir:-

Re: rint 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 & O.i/c Records.

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..... *William* 2. Surname..... *Noble*
3. Rank..... *Rto* 4. Regtl. No..... *4830*
5. Address in full to which future payments of gratuity are to be forwarded..... *Lower Auberst Lane, R.B.*
-
6. Date of enlistment in the Regiment..... *May 1st 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable
8. Relationship of such dependents..... *Do*
9. Address in full of such dependents..... *Do*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
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..... *Thirteen months and three weeks*
-

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Not applicable

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.

Yes
21.19. Clothing and Ration allowances

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.? If not give:- (a) Date of discharge.

June 20/19

Remobilization

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.

France and Germany

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.

Signature of Applicant: *William Noble*
 Place of Residence: *Lower Amherst Ave. B.B.*
 Declared before me at: *St. Johns Rd.*
 This *6th* day of *June* 19*19*.....

John W. Caherty
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

FORM K

No. 4008



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Noble, Regl. No. 4830

hereby agree, until further notification by me, and in similar official form to make an Allotment of 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3876</u>	<u>Father</u>	<u>George noble</u>	<u>Lower Amherst Cove, B.B.</u>	
Total Allotment, \$				<u>60⁰⁰</u>

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.) J. James
Officer Commanding
2 Company
May 16 1918

(Sig.) William Noble
(Rank) Pte

C.R. 4830

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY METAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 4830 NAME William Hall

DATE Jan 20/20
PLACE I Amhurst Cove

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

C.R. 4830

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name *William Holt*.....

Date *5.7.11/19*..

Place *Lower Ancherst Cove*
BB

Receipt for Army Book 64

No. 4830 Name W. Noble

To Certify that I have received the AB 64 of the above
named soldier.

Name William Noble

Date Nov 13 / 20

Place Lower Amherst Co. Va BB

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

WJ 72 1/20

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet one

Form
B 121.
39.

Regiment of Royal New Zealand

Signature of O. C. Company Wm. Churchill Smith

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>4730</u> <u>Moble Will</u>	Age on	27 years	Fisherman			
Joined Date		Place and Date of Enlistment	<u>Moheu</u> <u>1.5.18</u>	Religion			
Joined Date		Period of	with Colours, ⁶⁶ years. with Reserve ³⁶ years.	Place of Birth			
Joined Date				<u>C.P.</u>	<u>S. Auckland</u>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 4 7/19</u>					

To be carried over

The Royal Newfoundland Regiment

4830

DEMOBILIZATION OF

Reg. No. 4830 Rank Private Name Noble Wm
 Date of Enlistment 1.5.18 Address Lower Robert Court Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category A1
 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	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 5.6.19

for H. Newsitt
 O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Noble

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 Man's Cap

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2398 to his home
 at 6-6-19 and Release Certificate No. JA Snow Capt issued

Date
 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 20-6-19

Date
 Depot Paymaster.

Discharge approved for

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	A.F. Med.	D.F. 1
F 178	✓ 3494	✓ 122	Board 1st	" 2
F 178a	✓ 409A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
E 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date
 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 JUN 20 1919
 O. C. Discharge Depot.

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

Date June 11/1919

Reg No. *4880* Rank *Pfc* Name *Noble, W.*

Address *Lower Oakes Ave*

Allotment Allottee

Date of Allot. Returned from Overseas *29-5-79*

Returned on S.S. *Corsican* Cause *Discharge*

5-6-79
20-6-79

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

8