

FIRST NEWFOUNDLAND REGIMENT

No.	3639 Name Daniel h	N OF	meth
	Questions to be put to the Rec	uit before Enlistment.	ا ا
ı.	I. What is your name?	bendy Cors	Icland
2.	2. What is your full Address?	Yan	.2.05
3.	3. Are you a British Subject? 3	245 -	- ,
4.	4. What is your age? 4	Franke	Months
. 5.	5. What is your Trade or Calling? 5	72	
6.	5. Are you Married? 6	ລັ້.	
	7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?	no.	
8.	3. Are you willing to be vaccinated or re-vac- cinated?	0	
	o. Are you willing to be enlisted for General Service?	J	· · · · · · · · · · · · · · · · · · ·
	o. Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?	Name	Ofen
11.	Are you willing to serve upon the conditions as embodied to be signed by you if you are accepted?	l in the roll of service	
Mad	ade by me to the above questions are true, and that Jam will be the state of the st	of the second	onts made. GNATURE OF RECRUIT. gnature of Witness.
	Danie of the Town BY BECOME	ON ATTESTATION.	
bour	at true allegiance to His Majesty King George the Fifth, His lound, honestly and faithfully defend His Majesty, His Heirs and I enemies, according to the conditions of my service.	Heirs and Successors, and	that I will be faithful and it that I will, as in duty crown and Dignity against
	CERTIFICATE OF MAGISTRATE OR	ATTESTING OFFICER.	
he v	The Recruit above named was cautioned by me that if he re would be liable to be punished as provided in the Army Act.	Service of the servic	any of the above questions
	The above questions were then read to the Recruit in my		201
	I have taken care that he understands each question, and the		
	s replied to and the said remaining me and and signed the fecta n thisday of	ration and taken the oath	before me at
on i	Signature of Attesting Officer	Morroe	+ 2nd/k
	†CERTIFICATE OF APPRO	VING OFFICER.	W.
	I certify that this Attestation of the above-named Recruit	is correct, and properly fi	lled up, and that the re-
quir	uired forms appear to have been complied with. I accordingly	ACCESSED TO THE PARTY OF THE PA	to the:
	If enlisted by special authority, such will be attached to the	original attestation.	
	ate		Approving Officer.
	† The signature of the Approving Officer is to be a	Myad in the presence of	hó Pointe
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Normore, 20 3639 Pay rolph

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.

D Normale Signatu

Signature of Man.

Reg. No. 3639

Signature of the Vocational Officer or his Representative

Place ST. JOHN'S:

Date 20 6 79 191...

The Koyal Pelwsoundland Regiment

	DEMOBIL	ization df	3-00		Date
Reg. No. 3639Rank	FIF	Name .	Comore	A)	
Date of Enlistment	# 17 Addr	ess Stand	as Com &	Bisplict L	Kent
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Particulars passed to	Vocational Officer	for information	and action.	Still Segler	4-0-8
Date					
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2. Clothing.				BIMI T AM	y man
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Date 20-6-19			O ic. Re-clot	hing	

3. Transportation and Release				
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Date	6.419.011A	THOMAS	Threw !	zation Officer
4. Pay and Allowances.		Letter Line		resimplify to be the
The herein named sold nection therewith settled.		TO STATE OF THE PROPERTY OF	Cr	ll matters in con-
Date 2.6 6 - 19	agti villian III.) Alcanin	ov yr e dol da	, li Depo	HAMWAT of Paylmaster.
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with following additional doc			e. Carbone e	the of
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Date			V* ()	

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July 24,1919

\$3639 Pte.Daniel Normore, Sundy vove, Island, wellman's Cove, N.D.B.

Dear Sir:-

Referring to your application I enclose chaque for Seventy dollars (\$50.00), being amount of first payment due you on account of the war Service Gratuity.

Yours truly.

Captain & Faymaster.

DEPARTMENT OF MILLIPTA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Revolundland 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 delbes if any questions are not applicable, the words "FOT APPLIABLE" 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 none, toanice 2,50 mm. Rotmore
3. Ronk
6.Address in full to which future payments of gratuity and to be
forvierdod. Jandy lone Island hellman's line
holy wave Boy
6. Date of enlistment in the Regiment. aprice 15/17
7. Name of dependent, if any, to wher Separation Allowence is being
issued, or was being issued, imediately paier to your discharge
To
8.Relationship of such dependents. No
9.Address in full of such dependents. No

10. Is said dependent, now, or was said dependent at my time in receipt
of Soberation Allowance on account of enother subject, To
11 Were you on active service only in 1914 To ea rive letter and
perticulars of such service. Overseas
•••••••••••••••••••••••••••••••••••••••
12. Give total length of time which you served on active service,
diction in liftld or courses. Twenty Six
Months and Ino neeks

	13. Have you had more than one enlistment? If so, give particulars
	of discharge and re-collistments, and under what regimental numbers.
	14. Have you already received any payment of Post Discharge pay or
	War Service Crafuity? if so, state amount you and your dependents
	have already received and by whom paid
	15. Have you been issued with a War Service Bedge?
	16. Have you, during the present war, served in the I perial Boroes
	17.Are you entitled to receive, or have you received any Gratuity
	in the nature of Post Discharge Fay from the Imperial Forces? If
	so, state mount received or to which you are entitled
	18. Did you revert Overseas to a rank lower than the substantive
	renk held by you on your arrival in England?
	(b) If so, was such reversion in consequence of hisconduct or
	inefficiency?
	19. Are you now serving in the Rest.?If not give?- (a) date
	of discharge. W. 4 19. (b) Reason for discharge
	bemobelyation
	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
	Trance and Polgum
200	
	21.(c) Are you receiving treatment from the Wivil Ro-Establishment
	Com.(b) If so are you in receipt of full pay and allowances from
100000000000000000000000000000000000000	that Corrittee
THE RESIDENCE OF THE PARTY OF T	And I take 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:

Description of Residence:

Declared before he at:

This

Signature of Berrister of the
Supreme Court, Stipondiary lights

trate, Notary Public, Mustice of the
Perce, or Commissioner of affidevits.

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Cortified correct.

Department of Applicant Constitution of Applicant Courts of Applic

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Nº 3581



HIST. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

Identity Certificat No.	Whether Wife, Child, other Relative or Friend	NAME (i	n full)	Address	AMO (each p	UNT erson)
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12 E.						
				Total Allotment	s	50
OTE.	This form must be signed by the Offic required payments	er Commanding Con	fficer Commanding apany and handed	Company, signed by the Vo	lunteer, co	unter- ce the

July 19,1919

#3639 Pte.Demiel Hormowe, Sunday Cove Island.N.D.B.

Pear bir:-

Flease find enclosed Discharge Certificate #3084.

Yours truly

Captain & Paymester

Dogmore C.R. 3639 SHE.

NEWFOUNDLAND CONTINENT. PAY & RECORD OFFICE. Ref. Nos IN 9565 Dear der Rec'6 - NOV 1010 Would you hindle toll sending 20 of my credit do. 7-11-18 Il. 2. nommore 3639. Royal, morosoundland La thirm I tadstone. Auxiliary Intelar Hospi metcham. Luncy. Victoria St no 38 L. Dr. Ower Thues. (Matron). 4-X1-18 Pl Guddiambe Registrar, Military Hospital. Bethnal Green, N.E.

NEWFOUNDLAND CONTINGENT

N.F.P/48.

To: Officer Commanding,

Pay & Record Office, 58, Victoria Street, London, S.W. 1,

hutchen.

Military Hospital,

6th Nov. 191 8

Bethnal Green

With reference to request of (No) 3639 (Rank) Pte

(Name) D. Normore Cheque No. 1034 for £ 2:0:0 is enclosed for payment to this Soldier as may be demed fit.

Kindly complete receipt form on back of cheque before

presenting at a Bank.

I Timurill May.

Chief Paymaster & O. i/c Records.

W. Nounass

13-X1-18

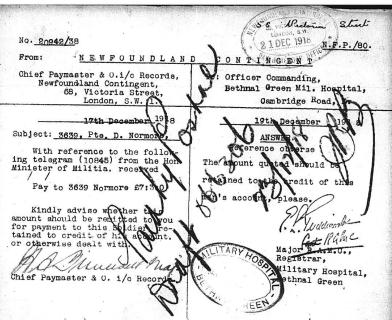
No. 3639 Rank Pla		1			<u> </u>				Less Fer K		tren	t	11	0
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Only for use with Men returnes from an Expeditionary Force or from Garrisons Abroad. Army Form W. 3016, (In Books of 200)
No. 1049 Date Duember 23 1918
*(1) To the Officer i/c Records) 58 Victoria At. A-W 1
*(2) The Officer Commanding
*(8) The Paymester Strike out that which is inapplicable.
Regimental No. 3639
Rank and Name 94 hormore
Begiment or Corps 1 P rewfoundland
has been granted a first for distance of
His address while on inare will be
I consider he is fit for
Softice or that which is applicable. III II
Four copies to be made, and one copy sent to each officer mentioned above and one copy fled in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance

Corps, two copies of Army Form W, 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/e Records, the Paymaster and O.O. shown in the Schedule.

[M8765] W1116/PP164 12m bis. 11/1/8 Typ; Q & S E. 2084

25 March, 1418. 50 Content St Wallacetown Dear Sur, NEWFOUNDLY TO CONTINGENT Could you kindly HALL POST OFFICE 1804 1918 give me any information of Pte Dorman Mormore. D. Coy ., no 3639. I had a fuld card. ner. Nos. UUI dated 16th Feb., & have had no more word since . 4 Oblige Joans Respectfully Metti T Simpson 11 x hepried accomaly todate believed tolk with wind BET



Nº 3581





HIST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

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NOTE.—	This form must be signed by the Office required payments	er Commanding Company and han	ing Company, signed by the Volumeded to the Paymaster as authority	eer, cour to make	iter- the

Nº 3581



HIST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

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	This form must be signed by the Office required payments	completed by the Officer Commanding Company on application.	ommanding Com and handed to t	pany, signed by the Volu he Paymaster as authorit	nteer, cour y to make	the

Extract of Daily Orders by LT. COL. B.J. BARTON, D.S.O., COMMANDING 2nd BATTALION ROTAL NEWFOUNDLAND REGIMENT, 11/1/19.

The following having reported back from the 1st Battalion is in taken on the strength and posted to "HP Company, from 9/1/19.

#3639 Pte. D. Normore.

Extract from Casualties received from Pay and Record Office, London, dated December 24th., 1918.

The undermentioned, ex Military Hospital, Bethnal Green, 23/12/18, is granted furlough to 2/1/19.

#3639 Pte. D. Normore.

Fit for 1, Duty.

AUTHORITY? Memo from Hospital , Bethnal Green.

Nov 23rd, 18

Mr. Derius Normore,

Sunday Cove Islands, N.D.B.

Dear Sir:-

with reference to your wire of 21st inst.
making enquiry concerning your son, No. 3638. Private
Elijah Normore. I presume you were referring to our
letter of Nov. 6th which stated that No. 3638. Pte.
Elijah Normore was progressing fapurebly. I regret
to say that the number in this letter was misquoted,
and should read No. 3639. Pte. Deniel Normore. The
error was made before the Visiting Committe's List
reached this Office.

No report has been received at this Department to the offset that your sen, No. 3638
Pto, Elijah Hormore has become a sagualty.

Yours faithfully,

Lieuta

Casualty Officer

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Place from Littlebay Sold 2/ NOV 21 1918

To J. Ry. Bennett NOV 21 1918

please advise what is wrong with 3638 fte. Elijah Normore

Darius Normore

C.R. 3639

Extract from Daily Orders Part al Depot, Sp. Johns, Date June 18th 1919.

3639, Pte. D. Normore.

Reported at Readquarters 1/6/19. ex "Corsican" which sailed Liverpool May 23/1919.

Nov.6th., 1918.

Mr. Darius Normore, Sunday Cove Islands, N.D.B.

Dear Sir:-

I beg to inform you that additional information has to-day been received burdless Bapartment through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3638 Private Elyah Hormore, is now progressing favourably.

Yours faithfully, Ment. Col.,

Chief Staff Officer.

extract from War Office List. No. C. 1716, dated 16. 10. 18

3639 pte. D. Normore.

WOUNDED 29-9-18.

BC.

NEWFOUNDLAND POSTAL TELEGRA



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will retund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or

The R. F. 1. snan not or issue to make compensation beyong the amount retunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or the transmission or the contract of the purposes of these Conditions at any point where, in the course of the transit of the Message to list destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging too worked by any administration or authority not controlled by the N. P. T. sculinivity, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions. by which I agree to abide. (NOT TRANSMITTED)

Signature of Sender Address Cheek Line Number Red By.

Dated

Oct 8th.1918

Te

Normore, Sunday Cove Islands, N.D.B. Derius

Regret to inform you that Record Office, London, No. 3639. Private Daniel Normore officially reports at 2nd Canadian Stationary Hospital Outreau Sept 20th suffering GSW shoulder severe

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. Berne tt

Minister of Militia.

FOR TYPEWRITER

Extract from Cagualties received from Pay & Record Office. London. Oct.2, 1918.

Admitted Military Hospital, Bethnal Green, London,

3639 Pte. D. Normore.

G.S.W. Shoulder R.

M.M.

NEWFOUNDLAND POSTAL TELEG



Cable Connection with all the World

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The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have nitricy exact for the purposes of these Conditions at any point where, in the course of the transmission of the Message is the destination, it may be entrusted by the N. P. T. thad have N. P. T. shall have polar where the destination of the course of the transit of the Message is the destination, it may be entrusted by the N. P. T. thad have N. P. T. thall have for the Message is the course of the transit of the Assage to its advantage or interest the first own of the destination of authority of the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of	Sender	Zudress	Sector Section Committee and C
Line Number	Red By	Sent by	Cheek

Oct 9th, 1918 Dated

Darius Normore, Sunday Cove Islands, N.D.B. Te

> to inform you that Record Office, London, officially reports No. 2629. Private Daniel Normore now at at Hilitary Hospital Bethnal Green, London

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

Extract from Casualties List Ho. H.A. 29855.

3639 Pte. Normore, D.

Adm. 2 Can. Sty. Hos. Outfan 50 Sept. 1918. GSW B.W. Shoulder R.

M.M.

Extract from Nominal Poll Draft No. 36, 200 Other Rarks (Receive) Battalion of the Royal Newfoundland Regiment, and proceeded to Join the lat., Pattalion of the Royal Newfoundland Regiment B. E. F., Emabraked Southampton 4/2/18.

#3639 Pte. D. Normore.

BC.

C.R. 3639

Catrest from Sanismi Hell Emborated St. Solm's for Oversons, per San. "Florizel" Emp. de. 1914.

3639 Pte. D. Normore.

CR.

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt., St. John's, April 19th, 1917.

3639 Pte. D. Normore.

Attached to the Strength from April 19th, 1917:

C.R. 3639

Extract from medical learn hal 4 on EVHADAY APPENDING JUES 19th, the following were the findigms.

Recommended discharge from the army.

3639 Pte. D. Normore.

C.R. 3639

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. St. John's, June 23rd, 19191

The discharge of the undernoted on demobilisation has been APPROVED BY 0.C.Discharge Depot with effect from 4-7-19.

3639 Pte. D.Normore.

C.R.3639

Extract from Ently Orders Part 11 Unit the Hepal Hild., Regt. St.John's, July 86/19.

The discharge of the unformated on doublilianties has been complicied by officer I/O Researc from 16-7-19.

3639 Pte. Danl. Normore.



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 examation 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 Name in full Danual Tornore. in red ink. Regiment from which discharged Royal Newfoundland Regimental number Sunday Core Isld, Lungati Height on discharge Feet /0 Color of hair on discharge Regal Complexion Color of eyes 1 scan on right Slove ld. Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage -Christian names of children -Place and date of soldier's birth Juilling at april 4 4 1850 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

D Normore (Soldier's signature in full)

Date 16-6-19

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. Royal Hewfoundland Regulation

Medical Officer To Prospital. Unit, or Command Depot.

SECTION OF THE SECTIO

Army Fo	rm B. 103.		Regin	nental Nu	mber 3 639
		Casualty Form Active			B
N	7	riment or Corps and her			
Rank	Surnam		stian Name		
Religion	10	Age on Enli	stment	years	months
		erms of Service (a) Danatum	Service reckons	from (a)	19-4-17
Date of pr	romotion to present	rank Date of app	pointment to land	ce rank	
Extended	· [Re engaged Qual	ification (b)		
	`\·····/)	orc	orps Prade and	Rate	Sol
Occupation	in tisker	- J &	/V. UY	Sigi	nature of Officer.
	Report	Record of promotions, reductions, transfers, casualties.			Remarks
Date	From whom received	Record of promotions, reductions, transfers, casualties, &c., 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	Taken from Army Form B.213, Army Form A.36 or other official, documents.
		Embarked	3 FFB 19	8	
		Disembarked	6 FEB 19	18	9
		Margad Cattaling	15 FEB 19	8	
		Vounded in Aution	29-0-18		
	36 662	as Esw Showear		80 70	49
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130	Paintrea"	Transferred to England	. (Grofie.	4/ 2003
		Llo	w (or		
	10.10	7 0 1/e No 1	Infantry Sec	tion,	15
11.		5rd Echelo	à., G ,Н,Q.,В.	E F. V	History and the second
					Mary Control

⁽a) In the case of a man who has recuraged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c. W. 11844—Min33 1800m: 1/17 (1722) S.P.&Co. Ltd. Zorma R. 18014 E. 1534.

The Royal Newfoundland Regiment

PR	OCEEDINGS ON DISCHARGE
I. No. 36 3.9 Rank. Plantended place of residence.	Sunday Cove Sel
2. Occupation	B. Medical Category.
3. The above named man is discharged in	consequence of EMOBILIZATION DIC FOR WAR SERVICE Greetuity
4. His accounts are correctly balanced an accordance with Regulations. Place, ST. JOHN'S Date JUN 20-1919	d I have impartially inquired into all matters brought before me, in Commanding Discharge Depot The Royal Newfoundland Regiment
CERTIFICATE TO	BE SIGNED BY SOLDIER ON DISCHARGE
	eived all my pay and allowances (including clothing allowance) and all dhereby release the Discharge Depot, Royal Newfoundland Regiment annection. Signature of soldier Signature of witness
	to resume civilian occupation immediately on discharge. Normann Signfature of soldier Signfature of witness
7. Enlisted for service	
AJ	PPROVAL OF DISCHARGE
8. The discharge of the above mentioned The Royal Newfoundland Regiment, tw. Place, ST. JOHN'S Date JUL 4 1919	soldier is hereby approved to be confirmed by the Officer i c Records, wenty-eight days from date. Officer Commanding Discharge Deportment of the Royal Newfoundland Regiment
CONI 9. The discharge of above mentioned soldie Place, ST/JOHN'S Date SULLY 18/1910	er is hereby confirmed Mowley, Bajto The Royal Newfoundland Regiment

Place, ST/10HNY 18/1919. The Royal N

a 18/2079/2084

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or	By whom awarded	Remarks
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npany Condu	in ct Sheet	6-4-1	7 of la	and date Period not reckoning towards freedom from extra line	Sheet No.	Signature O.Company, etc	161	On Charact	Piles
Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
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Note.—This form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi or svia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has antifered majoriment in health since his entry into military service, or in cases of transferrot class P., or P. (T), of the Reserve is preserved. In cases of sending to the Reserve as above, but who are qualified to service to consideration for a Service Tension this Form is to be sent to the Servicary, 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 Reyel Newfoundland.	7. Former Trade or Occupation
2. Regtl. No. 3639. 3. RankPta	7a. If the soldier claims previous service in Army, he should state—
4. Name Kormers. D	(a) Former Regts. or Corps; with Regtl, Nos.
5. Age last birthday	
6. Posted for duty on at	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -

- in category (or grade)..... 8. If the disability is an injury was it caused
 - (a) in action (c) on duty
- (b) on field service
- (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 anv)
- 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 the 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 due to venerate the confined in the confined property of the case of

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."

G.S.W. R. SHOULDER.

- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of Wded. in France. 29/Sept/1918. Bullet the disability in so far as it is recorded in the Medical Right sheeder Wd. new healed. History Sheet bearing on the case and in other Right sheeder relevant official documents.

100				19-17	
		State whether the disabilities are	(a) attributable to	(b) aggravated by	
	14.	(i.) Service during the present war	Yes	(0) "66"	
		(ii.) Previous active service	A SHOP OF THE SEC.		being i
		(iii.) Climate in pre-war service			inform
) (2	(iv.) Ordinary military service before the war		alitering Mark	
4.				the Court of the second	
		(v.) Serious negligence or misconduct on the man's part.	and the second		the pres disease the cau
	14	(a). If not due to any of these causes, to what specific condition do you attribute it?	}	y in the second second	21. Gi
s such injur- ear. throat, i, &c., t's re- to be with a p h s	15.	What is his present condition? Small sours (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	Fold point of	r berder Axilla exit not painful	The F.B.
ssible; ses of the osition	2.7	india ya gasha ngiyati kawa, gaka di ji	pain in Air o	900	substance
stated.					Good gra
					Hi
					× • • •
	16.	Was an operation performed? If so, when and what was its nature?			22. St
	17.	If not, was an operation advised and declined?			4
	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 treat- ment was unobtainable?	in the second		(i
	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?			
					22 (a)
	20	. Do you recommend— Repairiation.			
		(a) Discharge as permanently unfit?			23. Is
		(b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided at Foreign Stations.			JA.
		(sgD)	J.B.O'RIKLLY	CAPT.	1
			Medical Officer in		
	St	ation			
4	D	nte	200 - 100 - 4 11 -	975 8216	
		* Loss of teeth on or immediately after active service, sho	ould be attributed thereto,	unless there is evidence that	
	it	is due to some other cause		The second second	-n-/.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

- (ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war, (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- 21. Give diagnosis and particulars of :-
 - (a) Any disability claimed or discovered. G.S.W. R. SHOULDER.
 - (b) The present condition thereof.

The F.B. in this case traversed the outer side of the arm. Through the substance of the Deltoid, Muscle, & has not injured bone or nerves.

Good grass.

22. State whether the disabilities are :-	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	Tos	
(ii.) Previous active service	,	
(iv.) Ordinary military service before the war		
(v.) Serious negligence or misconduct on the part of the soldier	Bo	
22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?	G.S.W.	·
23. Is the disability in a final stationary condition? If not (a) How long is the present degree of disability likely to last?		
(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to wifich it will be applicable should be indicated in the answer to Question 24a.		

66 / / ·	24.	(a)	What is the degree of disablement at wopinion, he should be assessed at presensorial or other treatment. (Degrashould be expressed in the following 80, 70, 60, 50, 40, 30, 20, less than 20, Warrant of 17/4/18 issued as A.O. 16	ent, indeper ees of disa percentages or Nil) (Vid 2 of 1918,	ndent of blement s:—100, le Royal and In-	Less	than 5	ing artists	
			structions to Pension Boards) (assessn words as well as figures).	ent to be s	tated in		45		
rx.= !		(b)	In case of aggravation or where there there was a disability on entry, what the degree-of disablement which exisjoining the Army?	n your opin	time of	7 L L	rw.		
	25.		an operation was, advised and declined efusal unreasonable?	l, was the	e in c		n ji nyeke		
						•	antana d		
Member is in dragreement with the Civil- ian Members, he is to state his	26.	(a)	Do the Board recommend discharge as unfit for further War Service, i.e., do him in Grade IV. only? OR In what other grade do the Board p	they place	Yes.			Opinion of Mili- tary Member in case of dis- agreement.	
opinion in the space provided		(6)	In what other grade do the Board p	lace him?					
			Do the Board recommend change to Kingdom (in the case of a soldier investoring station)?	he United		1			
Only to be answered when the soldier is p'aced in other than Grade IV	27.	Do	the Board find that the soldier has su impairment in health since his entry Service?	ffered any into the	Yes.				10.85 LOVE 198.
	28.		treatment being recommended on A. 179c?	my Form				- 4	
	29.	Do	es the soldier require :-						
	(a)	Ar	n attendant for his journey home?						
			ansport from railway station to his he						
	(c)		ne constant attendance of another person ome?	in his own					
				Signatur	res:-				
				N	.S.FR	ASER.		·····{President	
	Stat	tion	St. Jehn's.		J.S.1	AIT.		Conarman	
			. •	6-5-1			(2. MAJO)	Members.	
	Date	е.		41-10	.L. PA	PUPEL	La. MANINI	3	j
		Di	ischarge Approved under Para. 392 (xvi	King's Reg	gulations,			1	
	Stat	tion	(50)	(SGI) CLU	NY MA	CPHERSE	N. MAJOR	ы
			= JUN 11 101 01				Central Ho		
	Date	e.	No.	•••••				J	
	05 -		ischarge Approved under Para. 392 (insfer Approved to Class of) King	s's Regula	ations.			
			sub-para. King's Regulations under which d			insert W	or W.(T), 1	P. or P.(T)).	
			ation				D.C. Discha		
		Da	ate				Discha	ige centre.	
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Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B 121.

Forms B 121. Regiment of Phlufoundland. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay Place and Date of Enlistment Joined Joined Date Joined Date Joined Date Date of Offence Names of OFFENCE Punishment awarded By whom awarded REMARKS Witnesses To be carried over

Reprint for 1st Nfid. Regt. of Army Form B. 1784.

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

MEDICAL HISTORY

Christian Name

		NERAL TABLE	Control of the Contro	
Birthplace: -Parish dandy	, love Isl	and Count	y 2, 8	.02
· · · · · · · · · · · · · · · · · · ·	SPECIAL	RESERVE.	REGULO	HANNY.
(on 19 day of	Ofice 1917	on WEOUSE, VICTORIA	97.
Examined	at Head	marters	at CER 1	318 /*
	2. 7 vear	s — days	Carrie vog se	OFFICE days
Declared Age	7:1		a uscom	100
Trade or Occupation	5	8 inshar		. inches
Height	77.	Inches	feet	lbs.
Weight	1	50		
Measure- ment Range of Expansion	3	inches inches	1666	inches
Physical Development	1 - 1			u u
(Arm	Right	Left	Right	Left
Vaccination Marks Number	1	113		
When Vaccinated				
Vision	R.EV= 49		R.EV=	- C
	1EV= 5/6		LE,-V=	
1	(u)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease			<u> </u>	1 1 1 1 1
arrices of previous disease				
			(b)	
(b) Slight defects but not sufficient to	(b)		(6)	
Cause rejection				
	.0	,		
Approved by (Signature)	gammet	Vateron		1
(Rank)	ma	m.	<u> </u>	
		Medical Officer.		Medical Officer-
Enlisted	at St. lo	huis	at	41.00
	on 19 day of	april 1917	on day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps,	Regtl. No.
	4/1/210	x 3639		
· · · · · · · · · · · · · · · · · · ·	OVAL NEWFOLIN	IDLAND REGIMEN		
Transferred to	/ HENTOU	IDEATE REGIMEN		No.
Became non-effective by				7
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	on day of	191	on day of	191
(Signature)	30 m	57 63 D 24 2 4 3 1		A STATE OF THE STA
(Rafik)	1 64	The Property of the	F. Carlotte	P.T.O.

	Ad.	mitte Tospit	l to	Disc	harged Hospi	from	•	Number	Remarks begring on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of	
Name of Hospital.	TA SHENING	1	-	N WILDSON	Hospi	The second second	Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of apphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulates of treatment out of hospital, treatment, etc., will be given in the gaged apphilis case sheet.	- Signature of Medical Officer
1 Green	,		Year			18	B. W. At Shoulder	78.	A amon to up , Miscapula - var shal.	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
hoal Green Military Hospital Cambridge Rec	<i>6</i> ud., 34	9.00	18	W	II.		OF HE POT SHIPLEAN	781	Daney loupy Mescapula - by slight. Wondhealed. he desablely. It lewer in hance.	list Poto Cuo
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Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field of Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date

Brief Details, and Signature

29-5-17 Vacc.
21-4-17
4-5-17
4-5-17
5-29
10-5-17
14/1/19
Recommended Reputation.
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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
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				100	

13639

The Royal Pewfoundland Regiment

	MOBILIZATION OF Name Name
Reg. No. 3639 Rank 747	
	Address Sunday Con Asbistrict Luleght
	fication for Discharge Medical Category
Recommendation S.M.B. Zamanene Passed to Demobilization Officer with f	My Kenful Disability Rating Less Hard 5 %
B 178 W 3494 B 122	do 4th
A Property of	ARS FOR DEMOBILIZATION
1. Civil Re-Establishment. I amin a positio	n to resume civilian occupation.
Particulars passed to Vocations	al Officer for information and action.
2. Clothing.	6161 y 7nr "
	tions have/been complied with:
(a) Clothing Allowance p (b) Clothing Supplied	
Date 20-6-19	O i c. Re-clothing

13639

The Royal Pewfoundland Regiment

DEMOBILIZATION	of ∴ ∴ a.d.
Reg. No 3139 Rank RA Name.	normore .
Date of Enlistment 19:41 7 Address Alar	day love appointment Luleght
Occupation Lasherman Classification for Discharge	Medical Category
Recommendation S. M. B. Fermanently unfil Disabi	lity Rating Less than 5%
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	
B 178a D 400A B 1915 do 2nd	1 11 1 11 1
B 179 D 400B Form L do 3rd	er fillered and a second control to the filler and the second second second
B 179a D 400C Form K do 4th B 179b B 103 ME 2	
В 179с В 120 34 93	
Date Zo 6.19 PARTICULARS FOR DEMOI	· · · · · · · · · · · · · · · · · · ·
Particulars passed to Vocational Officer for informa	tion and action.
Date	
2. Clothing.	6161 7 70C
Certified that Clothing Regulations have been com (a) Clothing Allowance payable 4	OMIC Constall
Date 20-6-19	O ic. Re-clothing

3. Transportat					0.00	
		s been provided				.Qo his home l.
		your	1	1 -	10	11
Date	Sev.	-o folkpir.	MOBILIZA	9	nweg	7
en de la companya de	(- 1	5. 35 man			Demobilizatio	n Officer
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		No.	essiliant.		1.	
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N. F. P 36	B 268	B 121	/. N. F. Med	D.F. 1	/	2 TS
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В 178а	D 400A	В 1915	do 2nd	" 3'.	2 to	m R.
В 179	D 400B	Form L	do 3rd	" 4		\mathcal{L}
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Date		//	7	0	C. Discharge	Danot
	2 5 1 1 2				, On Discharge	Depot.
APPROVED.		stranov Andere	annest in mot	and the		
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Date July	41/19	1.1.4	·	pory	exec	NO.
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The Koyal Pewfoundland Kegiment

Class for Demobilization:—

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

Discharge Depot: He	adquarters The Royal I	Newfoundland Regiment	
		Date	
Regimental No 3	639		
Name K	ormore D	· Rank	
Address	Sunday	Cove. Ised.	Lovilley ate
Present Medical Catego			
	Recommended for :-	(a) Immediate dischard (b) Standard Medical I	ge
		RJ	Lait Major
	Members of Board	Senior M	Woon edical Officer
		2wB	ercleu). Denot

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 bove, 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		7. Former Trade or Occupation	
2. Regtl. No. 3.6393		7a. If the soldier claim Army, he should	
4. Name (Surname)	OFE, Windows)	(a) Former Regts. with Regtl. Nos	or Corps ;
5. Age last birthday			
6. Posted for duty on in category (or grade)			
8. If the disability is an inj	ury was it caused		
(a) in action	(b) on field service		
(c) on duty	(d) off duty?	(b) Date of Disc	harge;
		(c) Cause of Dis	charge.
9. If a Court of Inquiry w	as held on an injury state:—		
(a) When		(d) Particulars (if any)	of Pension or Gratuity
(b) Where		(ii aiiy)	
(c) Opinion of Court Note.—The foregoing pa is seen by the Officer in charge	rticulars are to be filled in and A.F.B of the case.	. 179 в (statement by the soldier) co	mpleted before the soldier
	Statement of	Case.	
them he will take care to confin in the invalid's military and med disease. 10. If brought fory	ne following questions are to be filled e himself exclusively to the medical; dical documents. He will also careful (ard for invaliding, disability in re- thould be reported upon in answer	aspect of the case and to such inform ly distinguish and clearly state wher espect of which invaliding is pro	action as may be recorded cases are due to venereal
11. Date of origin of disabi	J, W K	1. Show	ever.

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 Bullett wound higher showledge.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of

14. State whether the disabilities are (a) attributable to (b) aggravated by	OPINION OF THE MEDICAL BOARD.
(i.) Service during the present war	NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a mar
(ii.) Previous active service	being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.
(iii.) Climate in pre-war service	Expressions such as "may," "might," "probably," etc., are to be avoided.
(iv.) Ordinary military service before the war	(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in
(v.) Serious negligence or misconduct on the man's part.	the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning
14 (a). If not due to any of these causes, to what	the cause of a disability to differentiate between them.
specific condition do you attribute it?	21. Give diagnosis and particulars of:—
such 15. What is his present condition?	(a) Any disability claimed or discovered.
(A note should be made as to Weight in all cases to water when it is likely to afford evidence of the pro-	(b) The present condition thereof.
gress of the disability.) Porter bride ampillar fue point of exit.	
the Mark hailed on brelling Courtlain pain in The	am
nor paufal ou poursais. coug care y	
doing keavy work	
16. Was an operation performed? If so, when and what was its nature?	22. State whether the disabilities are :— (a) Attributable to (b) Aggravated by
17. If not, was an operation advised and declined?	(i) Service during the present war
18. *In the case of loss or decay of teeth,—Is the loss of	(ii.) Previous active service.
teeth the result of wounds, injury or disease directly attributable to active service or through	(hi.) Climate in pre-war service
service under such conditions that dental treat-	(iv.) Ordinary military service before the war
19. Give particulars of any other disabilities existing, but	(v.) Serious negligence or misconduct on the
not in themselves sufficient to cause invaliding.	part of the soldier
State whether or not they are attributable to or have been aggravated by service during the present	Give details.
war, and if so, to what or by what specific military	
conditions?	
	22 (a). If not due to any of these causes, to what
ρ , $r = r - r$	specific condition, do the Board attribute
20. Do you recommend— Repatiention	it?
(a) Discharge as permanently unfit?	23. Is the disability in a final stationary condition? If
(b) Change to United Kingdom?	not
Note—(b) is only applicable to soldiers invalided at	(a) How long is the present degree of dis-
Foreign Stations.	ability likely to last?
a mus	(b) If the present degree of disability is not likely to last 12 months can a further
Medical Officer in charge of case.	assessment at a reduced rate be made
Station	with reasonable confidence to cover a period of 12 months in all? If so, the
Date	reduced percentage and the period to
* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that	which it will be applicable should be indicated in the answer to Question 24a.
it is due to some other cause	mucated in the answer to question 244.

File No. /840

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

		NA	ME OF CORR	ESPONDENT OR PURPORT OF COMMUNICATION	Cross Refe	rences-
	4	Ro	Join	nore Saniel	137 a;	io. file
Date	P.A. or	Initials	Referred to	FOR REMARKS	Initials	Date
- Prince				(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")		
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Note.—This Form is only to be forwarded to the Ministry of Penkions in cases of discharge under para. 392 (xvii. or xviia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier as suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (1), of the Resember of In cases of soldiers not discharged or transferred to the Reservance of soldiers not discharged or transferred to the Secretary. Royal Hospittal, Chelses, 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 CorpsRoyal. Ecofoundland	7.	Former Trade or Occupation	1
2. Regtl. No. 3639. 3. Rank Pte		If the soldier claims previous Army, he should state—	service in
4. Name Normore 9. (Christian Names)		(a) Former Regts. or Corps; with Regtl, Nos.	

- 5. Age last birthday
- 6. Posted for duty on . . in category (or grade).....
- 8. If the disability is an injury was it caused
- (b) on field service
 - (a) in action (d) off duty? (c) on duty
- 9. If a Court of Inquiry was held on an injury state :-
 - (a) When
 - (b) Where
 - (c) Opinion of Court Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier

seen by the Officer in charge of the case.

- (b) Date of Discharge;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity
- (if any)

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 the 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 excelledly distinguish and obsertly 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."

G.S.W. R. SHOULDER.

- 11. Date of origin of disability.
- . 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of Mded. in France. 29/Sept/1918. Bullet the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other light sheader wa, new healed. relevant official documents.

일이 되었다. 그 집에 가장 하는 것이 되었다. 그런 사람들은 사람들은 사람들이 되었다.	
11.8 may 1 may 4.	(a) attributable to (b) aggravated by
(i.) Service during the present war	Xes.
· (ii.) Previous active service	
(iii.) Climate in pre-war service	organization of the first of the second
(iv.) Ordinary military service before the war	
(v.) Serious negligence or misconduct on the	TO THE STATE OF TH
man's part.	
14 (a). If not due to any of these causes, to what specific condition do you attribute it?	romaniana zavno opodinskih t
rase electron entities substantial in	7.5
15. What is his present condition? Small scars	
(A note should be made as to Weight in all cases	one a posterior border Axilla
when it is likely to afford evidence of the pro-	Fold point of exit not painfu
gress of the disability.)	on pressure. complains of
	pain in Arm on doing heavy we
	and the second of the second second
	in part a volument sector • Artific is the
10 W Separate Heart (1) 12 Te	## <u>#</u>
16. Was an operation performed? If so, when and what was its nature?	
17. If not, was an operation advised and declined?	and the second plant that it is a first filler
 *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	2 4 4 2
service under such conditions that dental treat- ment was unobtainable?	
 Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. 	the state of the second
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?	
The second of the Power Code to exceed a political to	. Production of the second section of the second
the property and the expression property and the	
20. Do you recommend- Repatriation.	. The second state of the second seco
(a) Discharge as permanently unfit?	
	Application of the design of the control of
(b) Change to United Kingdom?	tally decide and forms
Note—(b) is only applicable to soldiers invalided at Foreign Stations.	
	a setting of the second
(SCD)	J.B.O'RIELLY CAPT.
Chatian - n - n	Modical Officer in charge of case.
Station	
Date	
Loss of teeth on or immediately after active service, sho	uld be attributed thereto unless there is a tributed
it is due to some other cause	of attributed thereto, unless there is evidence that
	MENTENDS TOLKE VILL DISE

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Ctimatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

- 21. Give diagnosis and particulars of :-
- (a) Any disability claimed or discovered. G.S.W. R. SHOULDER.

(a) How long is the present degree of disability likely to last?
(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

(b) The present condition thereof.

The F.B. in this case traversed the euter side of the arm. Through the substance of the Delteid, Muscle, & has not injured bene or nerves.

Good grasp.

ZZ. State	whether the disabilities are .—	(a) Attributable to	(b) rigginiated by
s :: (i)	Service during the present war	Yes	
(ii.)	Previous active service		
(iii.)	Climate in pre-war service		
(iv.)	Ordinary military service before the war		
(v.)	Serious negligence or misconduct on the part of the soldier	He.	
22 (a). I	f not due to any of these causes, to what specific condition do the Board attribute it?	G.S.W.	
23. Is th	e disability in a final stationary condition? If	renta per de de la com-	Special Company (Section)

Tillianis Visit t Placing	24.	(a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).	
		(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?	
	25.	If an operation was advised and declined, was the refusal unreasonable?	
divagreement with the Civil- ian Members, be is to state his	26.	unfit for further War Service, i.e., do they place	pinion of Mili- y Member in se of dis- recement.
opinion in the space provided		(b) In what other grade do the Board place him? (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?	igentialiseus Japaniseles () Japaniseles ()
Only to be enswered when the soldier is p'aced in other than Grade IV	27.	Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?	
•	28.	Is treatment being recommended on Army Form B. 179c?	
	20	. Does the soldier require:—	
		An attendant for his journey home?	
) Transport from railway station to his home?	
) The constant attendance of another person in his own home?	
		Signatures:—	
		······································	President or Chairman.
	Sta	ation St. John s J.S.TAIT	Members.
	Da	ate L. PATENSON. HAJOR.	Sircineers.
		Discharge Approved miller Cara. 392 (xvi) King's Regulations.	Only applicable
		ation 3 JUN 17 1919 Cofficer in charge, Central Hospital.	Patients in Hospitals.
		or Discharge Approved under Para. 392 () King's Regulations.	
		Transfer Approved to Class of the Reserve. sert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or F	·(T)).
		Station O.C. Discharge Co	ntre.
		Date	



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 Roard.

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. iIc 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

Daniel Normire.

Regiment from which discharged Royal Newfoundland

Regimental number

3639.

Intended address

Sunday Cove Isld. Twillingate.

Height on discharge

EXHE 5'10.

Color of hair on discharge

Light

Complexion

Fair

Blue.

Color of eyes

1 Scar R. Shoulder

Descriptive Marks
.
Figure on discharge

Tall.

Christian name of Father

Drias.

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth Twillingate. April 4th. 1890.

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)

D. NORMORE.

(Rank) Pte.

Station

St. John's.

16/6/19.

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.

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

1840

Mrs. Diana Mormore, Pilleyas Island.

Dear Madam:-

I have to acknowledge your letter of August 26ths, I am sorry that I cannot give you any information, as I have no statement of the humber or your adopted sen, or his name, kindly forward this information and I will have the case looked up.

Yours faithfully.

Secretary.

THE BO/RD OF PERSION COLLISSIONERS

FOR NEWFOUNDILLAND.

Pension No. 1840
Regt1. Hotog Rapo to Named Mornione
Corps served with ROYAL NEW ROUND AND REGIMENT
Date of Hedical Board 17th June 1919
Pensionable disability to for the Jon the
Pension granted:
S month for months
or Gratuity granted:
ayeble in 3 court monthly insts.
NOTED
Remod Mormore Dare 18714
Address
NOTED
Orte case disposed of JUN 3 0 1919
proved by:
Nonbers of Board
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emrks:

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 entiry into military service, or in cases of transfer to Class P., or P. (1), of the Reserve as hove, but who are qualified by the service 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.

(Christian Names)

(b) on field service
(d) off duty?

7. Former Trade)

 If the soldier claims previous service in Army, he should state—

> (a) Former Regts. or Corps; with Regtl. Nos.

> > (b) Date of Discharge;(c) Cause of Discharge.

2. Regtl. No. 86.39

(a) in action

(c) on duty

t.18789/1320. 500,000(8), 8/18. S.O..F.Rd.

4. Name

10. If brought forward for invallding, disability in respect of which invallding is proposed to be stated here. (Other disabilities should be supported upon in answer to question Ng. 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 wounded as Bull.	9. If a Court of Inquiry was neid o	on an injury state.—
(d) Particulars of Pension or Gratuity (e) Opinion of Court (fi any) (e) Opinion of Court (fi any) (fi any) (fi any) (g) Opinion of Court (fi any) (g) Opinion of Court (fi any) (fi an	(a) When	
Norz.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier as seen by the Officer in charge of the case. Statement of Gase. Norz.—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 veneral issease. Officer disabilities should be reported upon in answering questions Ny. 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 word of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability in the Medical of the disability in the		
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Note:—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering tem he will take our eto confine hinself 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 veneral lisease. 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities skiptle beyonded upon in answerto 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 word of the disability in so far as it is recorded in the Medical of the disability in so far as it is recorded in the Medical of the disability of the dis	Note.—The foregoing particulars a is seen by the Officer in charge of the ca	re to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier asc.
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12. Place of origin of disability. 13. Give concisely the essential facts of the history of wounded in facts of the disability in so far as it is recorded in the Medical and thistory Sheet bearing on the case and in other relevant official documents.	them he will take care to confine himself on the invalid's military and medical docudisease. [0. If brought forward for i (Other disabilities should be	exclusively to the medical aspect of the case and to such information as may be recorded ments. He will also carefully distinguish and clearly state when cases are due to venereal availeding, disability in respect of which invaliding is proposed to be stated here. Seported upon in answer to question NA. 19). If no disability enter "inil."
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the disability in so far as it is recorded in the medical of the state	Place of origin of disability.	1 - freme
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		Santa and the

	14 C4-4-				(a) attributable to	(b) aggravated by
		whether the disabilit			MI	(b) aggravated by
	Edit Visit of Page	Service during the p	Service and the service of the servi	92.50	ng	
		Previous active serv				
		Climate in pre-war s			ma	on its Tarabasai
	(iv.)	Ordinary military se	rvice before the war		91 × 9r	
	(v.)	Serious negligence man's part.	or misconduct on t	he}	21.49	
	14 (a). If	not due to any o specific condition	f these causes, to do you attribute it?	what }	۲.	
ases such al injur- re, ear. d throat, ties, &c., alist's re- i to be d with g r a p h s possible; cases of tion the position pe stated.		(A note should be made when it is likely to gress of the disability	de as to Weight in all afford evidence of the sy.) one a large of the sy. I bound the start (pro-	with influence of plains of	per ains
	16. Was a	n operation performed s its nature ?				
	17. If not	, was an operation ac	lvised and declined?			
	dire ser	the case of loss or decay the the result of we ectly attributable to vice under such conduct at was unobtainable?	ounds, injury or di active service or thr litions that dental t	sease		
	not Sta hav wa	particulars of any other in themselves suffice ate whether or not the ve been aggravated by r, and if so, to what or aditions?	ient to cause invali ey are attributable service during the pr	to or esent		
	a source			5		
	20 Do 110	ou recommend— /	restatu	cer	tien	
		(a) Discharge as perm	/			
					ο .	. Out
		 (b) Change to United (b) is only applicated Foreign Stations. 		led at	Moore	12 Raws
			Marin Salah			
	Station .;	Hazely !	leven		Medical Officer in	charge of case.
	Date		804		Α	
	• L	oss of teeth on or immed	liately after active serv	ice, sho	ould be attributed thereto, u	nless there is evidence that
	it is due to	some other cause		Control of the		

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

- (ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- 21. Give diagnosis and particulars of :-
 - (a) Any disability claimed or discovered. ISN. higher Shoulde
 - (b) The present condition thereof.

The J.B. in this case theversed to order Side & the arm through the Sabstanes of he dellow knoch & has not injured bone On nerous. York grack

- 22. State whether the disabilities are :-(a) Attributable to (b) Aggravated by (i) Service during the present war (ii.) Previous active service... (Mi.) Climate in pre-war service ... (iv.) Ordinary military service before the war (v.) Serious negligence or misconduct on the 40 part of the soldier .. Give details:
- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute

- 23. Is the disability in a final stationary condition? If
 - (a) How long is the present degree of disability likely to last?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be, indicated in the answer to Question 24a.

Station .

Date .

24. (a) What is the degree of disablement at which, in the opinion, he should be assessed at present, indepen hospital or other treatment. (Degrees of disa should be expressed in the following percentages 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vid Warrant of 17/4/18 issued as A.O. 182 of 1918, structions to Pension Boards) (assessment to be s words as well as figures).	ndent of blement ::—100, e Royal and In-	10
1001 75 E((b) In case of aggravation or where there is any evider there was a disability on entry, what in your opin the degree of disablement which existed at the joining the Army?	ion was	
`25. I	f an operation was advised and declined, was the refusal unreasonable?		
in 26. (a tivil- s, he his the	a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?	g.	Opinion of Millitary Member in case of disagreement.
	 b) In what other grade do the Board place him? (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)? 		
then 27. I	On the Board find that the soldier has suffered any impairment in health since his entry into the Service?	K.	
	s treatment being recommended on Army Form B. 179c?	o e e e e e e e e e e e e e e e e e e e	teru e nce
(a) (b) (c) (c) (d)	Ooes the soldier require:— An attendant for his journey home? Transport from railway station to his home? The constant attendance of another person in his own home? Signatur	na de V	eet ii
Statio	on I John stran	Jornelar Last	President or Chairman. Members.
Stati	2 JUN 11 tage 6 Of	ficer in charge, Central Hospit	Only applicable in cases of Patients in Hospitals.
or T	Dischaffe Approved under Para. 392 () King ransfer Approved to Class of the Reserv t sub-para. King's Regulations under which discharge is ap		r P.(T)).

O.C. Discharge Centre.

Chief. Central Registry

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file							Ottawa 4, On Dec 4, 1967		
Attention	of					Date		•	
NAME	NORMORE	Daniel	SERVICE NUMBER		IMP NFLD	C.P.C. No. W.V.A. No.		NAVY ARMY X R.C.A.F.	
•		The DEPARTMENT	has receive	d informa	ation fr	om			
		PME_CPC_St_John! (State authori	sNewfound ty and source				7		
regarding	the death	of the above menti	oned vetera	n.					
Particular	rs are as fo	llows:						.)	
	Date of	of DeathSept	10, 1967	······································					
	Place	of DeathSPRING	BALE, N.F.	LD.					
Name an	d Address	of next of kin (if	known)						
Copies to	: W.S.R. V. I. PANCX PAGEXX H.O.	Destroy form if a	dvice of de	ath alrea	dy rece		Picha		

DVA 24