



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3639 Name Daniel Normore Corps Truck

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Daniel Normore</u> |
| 2. What is your full Address? | 2. <u>Stanley Cove, Islands, N.S.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Truck</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>Yes</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> |

Daniel Normore

I,, 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.

2-19-17

Daniel Normore
A. M. Croyle

SIGNATURE OF RECRUIT.
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I,, 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 recorded as replied to, and the said recruit has read and signed the Declaration and taken the oath before me at

Signature of Attesting Officer [Signature]

† 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. } 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)

Normore, D

3639

Ray sept

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. R. Moore

Signature of Man.

Reg. No. 3639

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

20-6-19

191

The Royal Newfoundland Regiment

DEMOBILIZATION OFFICER

Reg. No. 3639 Rank Pvt Name Norman D. Tompkins
 Date of Enlistment 19.4.17 Address Monday Cove, Dist. Inverness
 Occupation Fisherman Classification for Discharge D Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 5%
 Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 20.6.19

No. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

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: None

Date 20-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 71880 to his home at San Diego, Cal. and Release Certificate No. 2930 issued.

Date

20-6-19

J.A. Knowlton Capt.
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 18-7-19

Date

20-6-19

H. H. [Signature]
Depot Paymaster.

Discharged approved for

4-7-19

Forwarded with following documents to O. C. Discharge Depot.

N.F. 1 ³⁶	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

20.6.19

J.A. Knowlton Capt.
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 4 1919

R.H. [Signature]
O. C. Discharge Depot.

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

Date

July 24, 1919

#3639 Pte. Daniel Normore,
Sandy Cove, Island,
Wellman's Cove,
N.D.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name..... *Loanice* 2. Surname..... *Norman*
3. Rank..... *Pte* 4. Regt. No..... *3639*
5. Address in full to which future payments of gratuity are to be forwarded..... *Sandy Cove Island, Ingleman's Cove*
Robt. Ware Bay
6. Date of enlistment in the Regiment..... *april 1st/17*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
-
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 field, if so, give dates and particulars of such service..... *Overseas*
-
-
12. Give total length of time which you served on active service, whether in field, or Overseas..... *Twenty Six*
months and two weeks

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

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

no

15. Have you been issued with a War Service Badge?

no

16. Have you, during the present war, served in the Imperial Forces?

no

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

no

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

(b) If so, was such reversion in consequence of misconduct or inefficiency?

no

19. Are you now serving in the Regt.? If not give - (a) date of discharge. (b) Reason for discharge.

no

July 4/19

Demobilization

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

France and Belgium

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.

July 19, 1919

#3639 Pte. Daniel Normore,

Sunday Cove Island, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3084.

Yours truly

Captain & Paymaster

D. Norman

C.R.

3639

1886

NEWFOUNDLAND CONTINENT.
PAY & RECORD OFFICE.

Ref. Nos. IN 9565

Rec'd 6 - NOV 10 18

Acct. No. 101 8216 7/6

7-11-18

PAID BY

ERA. CH. BY

3639

P & A

ROYAL CANADIAN MOUNTED POLICE

604

GLADSTONE

AUXILIARY MILITARY HOSPITAL

MITCHAM, SURREY.

VICTORIA ST NO 50.

Dear Sir,

Would you kindly be good
sending £9 of my credit to.

O.K. £20-0
 W.P. 4/11/18

Pl. 2. Normore 3639.

Royal Newfoundland Regt.
Catharin Gladstone.

Auxiliary Military Hosp.
Mitcham, Surrey.

Victoria St No 50.

L. M. Owen Jones.

(Matron).

4-XI-18

Approved please.

R. Puddicombe

Registrar, Military Hospital,
Bethnal Green, N.E.



No. 18017/17

NEWFOUNDLAND CONTINGENT

Mitcham.

N.F.P/48.

To: Officer Commanding,

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

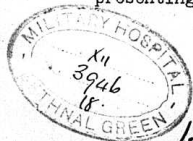
Military Hospital,

6th Nov. 191 8

Bethnal Green

With reference to request of (No) 3639 (Rank) Pte
(Name) D. Normore Cheque No. 11034 for
£ 2:0:0 is enclosed for payment to this Soldier as may
be deemed fit.

Kindly complete receipt form on back of cheque before
presenting at a Bank.



13-XI-18

A. A. Minwell Maj.
Chief Paymaster & O. i/c Records.

J. D. Normore

Only for use with Men returned from an Expeditionary Force
or from Garrisons Abroad.

Army Form W. 3016.
(In Books of 200.)

No. 1049 Date December 23rd 1918
* (1) To the Officer i/c Records } 58 Victoria St. A-W 1
* (2) The Officer Commanding } _____
* (3) ~~The Paymaster~~ } _____ Station.

* Strike out that which is inapplicable.

Regimental No. 3639

Rank and Name Pte Hoemore

Regiment or Corps 1 R Newfoundland

has been ~~granted~~ } sent to you to for disposal
a furlough from } _____

His address while } _____
on leave will be } _____

I consider he } * I. DUTY
is fit for } * ~~H. COMMAND DEPOT.~~
* Strike out that } * ~~H. EMPLOYMENT.~~
which is } _____
inapplicable. } _____

for Officer in charge Registrar, Military Hospital, Hospital,
Station,

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed 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/c Records, the Paymaster and O.O. shown in the Schedule.

25th March, 1918.

50 Content Rd.
Wallacetown
Ayr.

Dear Sirs,

Could you kindly
give me any information of
Pte Dorman Normore, D. Coy.,
No 3639. ~~I had a field card.~~
~~dated 16th Feb.,~~ & have had
no more word since.

& Oblige

Yours Respectfully

Nettie T Simpson

Not reported a casualty
to date believed to be
with unit. B.E.F.

NEWFOUNDLAND CONTINGENT.		
PAY & RECORD OFFICE.		
REF. NOS.	2834	
Rec'd	26 MAR 1918	
Acc'd	Acc'd	
REF. NOS. USI		
NEWFOUNDLAND CONTINGENT		
BRANCH	DATE	BY
Comd.		
P & A.		
R. & C.	26/3/18	Jh
D & E		
P.S.		

NEWFOUNDLAND CONTINGENT OFFICE
58, VICTORIA STREET
LONDON, S.W.
21 DEC 1918
N.F.P./80.

No. 20942/38

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Bethnal Green Mil. Hospital,
Cambridge Road,

17th December 1918

19th December 1918

Subject: 3639, Pte. D. Normore,

ANSWER

With reference to the following telegram (10845) from the Hon. Minister of Militia, received

reference otherwise
The amount quoted should be retained to the credit of this man's account, please.

Pay to 3639 Normore £7:3:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier retained to credit of his account, or otherwise dealt with.

P.A. Widdicombe
Col. R. G. ...

Major E.A.M.O.,
Registrar,
Military Hospital,
Bethnal Green

A.D. Munnell
Chief Paymaster & O. i/c Records

MILITARY HOSPITAL
BETHNAL GREEN

Large handwritten scribbles and signatures covering the right side of the page.

C.R. 3639

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

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

#3639 Pte. D. Normore.

C.R. 3639

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.

C.R. 3639

Nov 23rd, 18

Mr. Darius 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 favourably. I regret to say that the number in this letter was misquoted, and should read No. 3639, Pte. Daniel Normore. The error was made before the Visiting Committee's List reached this Office.

No report has been received at this Department to the effect that your son, No. 3638 Pte. Elijah Normore has become a casualty.

Yours faithfully,



Lieut.

Casualty Officer



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 85 Sent by Rec'd by Check 10/6d No.

Place from

To

Littlebay Ids

21

POSTAL TELEGRAPHS
NOV 21 1918

J. R. Bennett

Please advise what is wrong
with 3638 pte. Elijah Normore

Darius Normore

C.R. 3639

Extract from Daily Orders Part A1 Depot, Sg. Johns,

Date June 18th 1919.

3639, Pte. D. Normore.

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

C.R. 3 638

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 through Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3636 Private Elyah Normore, is now progressing favourably.

Yours faithfully,

Ident. Col.,

Chief Staff Officer.

C.R. 3639

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

3639 pte. D. Normore.

WOUNDED 29-9-18.

BC.

Copy No. 3639

NEWFOUNDLAND POSTAL TELEGRAPHS.



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 refund 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 resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its 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 to or worked by any administration or authority not controlled by 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 _____ Address _____ Dept of Militia _____

Line Number	Recd	By	Sent	by	Cheek
-------------	------	----	------	----	-------

Dated **Oct 8th, 1918**

To **Darius Normore, Sundry Cove Islands, N.D.B.**

Regret to inform you that Record Office, London, officially reports **No. 5639, Private Daniel Normore at 2nd Canadian Stationary Hospital Outreau Sept 30th 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. Bermett

Minister of Militia.

FOR TYPEWRITER

C.R. 3639

Extract from Casualties 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.

Copy R No. 3639

NEWFOUNDLAND POSTAL TELEGRAPHS.



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 refund 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 resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its 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 to or worked by any administration or authority not controlled by 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 _____ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Cheek
-------------	-----	----	------	----	-------

Dated **Oct 9th, 1918**

To **Darius Normore, Sunday Cove Islands, N.D.B.**

Re
~~Message~~ to inform you that Record Office, London, officially reports **No. 5639, Private Daniel Normore now at at Military 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

C.R. 3639

Extract from Casualties List No. H.A. 29633.

3639 Pte. Normore, D.

Adm. 2 Can. Sty. Hos. Outspan 30 Sept. 1918.

GSW B.W. Shoulder R.

M.M.

C.R. 3639

Extract from Nominal Roll Draft No. 36, 200 Other Ranks (Reserve)
Battalion of the Royal Newfoundland Regiment, and proceeded to
Join the 1st., Battalion of the Royal Newfoundland Regiment
B. E. F., Embarked Southampton 4/2/18.

#3639 Pte. D. Normore.

BC.

C.R. 3639

Extract from Medical Hall, St. John's for Overseas,
per Col. "Fischer" Aug. 4. 1917.

3639 Pte. D. Normore.

3639

CRI

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 Board held on TUESDAY
AFTERNOON JUNE 17th. the following were
the findings.

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, 1919

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

3639 Pte. D. Normore.

C.R. 3639

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt. St. John's, July 25/19.

The discharge of the undersigned on demobilization has been
CONTINUED by officer I/C Records from 10-7-19.

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 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

Daniel Wornore

Regiment from which discharged

Royal Newfoundland

Regimental number

3632

Intended address

Sunday Cove Isld, Lutgate

Height on discharge

5 Feet 10

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

1 scar on right Shoulder

Figure on discharge

Tall

Christian name of Father

Dries

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

Lullingath April 24 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

(Soldier's signature in full)

*D Wornore**PL*
(Rank)

Station

St John's

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.

Station

Date

The Royal Newfoundland Regiment
Medical Officer of Hospital.
Unit, or Command Depot.



Army Form B. 103.

Regimental Number *3.639*

Casualty Form—Active Service.

B

Regiment or Corps *Royal Newfoundland*

Rank *Pte* Surname *Norman* Christian Name *Daniel*

Religion *meth* Age on Enlistment *27* years months

Enlisted (a) *19-4-17*. Terms of Service (a) *Dualten* Service reckons from (a) *19-4-17*

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

Extended { } Re-engaged { } Qualification (b)

Occupation *Fisherman* or Corps Trade and Rate. *Capt*

Signature of Officer. *J. E. ...*

Report		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	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...	<i>3 FEB 1918</i>	
			Disembarked...	<i>6 FEB 1918</i>	
			<i>15 FEB 1918</i>		
			<i>29. 2. 18</i>		
	<i>36 Co Lt Col J. G. Shaw</i>				
	<i>2 Co Lt Col J. G. Shaw</i>				
		<i>Transferred to England</i>	<i>Outreau</i>	<i>30/9/18</i>	<i>HA 29633</i>
		<i>for O I/4 No 1 Infantry Section,</i>		<i>6/10/18</i>	<i>40 3023</i>
		<i>5th Echelon</i>	<i>G, H, O, B, E, F</i>		

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

(b) Signaller, Shoeing-Smith, &c.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3639 Rank Pte Name Hormoz D
 Intended place of residence Sunday Cove Gds
 2. Occupation Insiderman
 Classification of soldier B Medical Category C

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUN 20 1919

H. M. W. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date

D. Hormoz
 Signature of soldier

M. C. W. H.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date

D. Hormoz
 Signature of soldier

W. J. Stealon
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-4-17 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 821

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

R. H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

a FB2079/2084

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

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

1. Unit and Corps.... **Royal Newfoundland**.....
2. Regt. No. **3632**. 3. Rank..... **Pta.**.....
4. Name .. **Hormore D.**.....
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade }
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regt. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

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

Statement of Case.

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

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

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 the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- Wded. in France. 29/Sept/1918. Bullet
 Right shoulder Wd. new healed.**

14. State whether the disabilities are
- | | | |
|--|------------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (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 man's part. | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition? **Small scars outer surface upper arm. (R) one a posterior border Axilla Fold point of exit not painful on pressure. complains of pain in Arm on doing heavy work**
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

20. Do you recommend— **Repatriation.**

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

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

(SGD) J.B.O'RILEY CAPT.

Medical Officer in charge of case.

Station

Date

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) 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 grasp.

22. State whether the disabilities are:—

- | | | |
|--|------------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (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 | No ..... | ..... |
- Give details:

- 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 which it will be applicable should be indicated in the answer to Question 24a.

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).

Less than 5%.

(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?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Yes.

Opinion of Military Member in case of disagreement.

OR

(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)?

Only to be answered when the soldier is placed 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?

Yes.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station **St. John's** **N.S. FRASER** } President or
 Date **J.S. TAIT** } Chairman.
 **L. PATERSON, MAJOR** } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.
 Station **(SGD) CLUNY MACPHERSON, MAJOR** } Only applicable
 Date: **Officer in charge, Central Hospital** } Patients in
 } Hospitals.

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date
 O.C. Discharge Centre.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
H. 171.
39.

Number of Sheet *First*

Regiment of *1st Newfoundland.*

Signature of O. C. Company *Chas. Ayers Lt*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3639. Normore, Daniel.</i>	Age on	27 years — months	<i>Sickerman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	St. John's, 19.4.17	<i>Meth.</i>	
Joined		Date	Period of	Place of Birth	
			with Colours 2 3/4 years.		
			with Reserve 2 3/5 years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>St. John's</i>	<i>28/4/17</i>	<i>Pte</i>		<i>Absent from 1 P.M. Parade</i>	<i>C.S.M. Gardner</i>	<i>3 days C.B.</i>		<i>Lt C. Ayers</i>	<i>J.C.</i>
<i>Demobilized St. John's, 18 2/4</i>									
<i>To be carried over</i>									

Army Form B. 121.

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

MEDICAL HISTORY

OF

Surname *Norman*

Christian Name *Daniel*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Sandy Cove Island* County *N. D. B.*

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	.....	on <i>19th</i> day of <i>April</i> 1917	at <i>Headquarters</i>	on <i>19th</i> day of <i>April</i> 1917	at <i>Headquarters</i>
Declared Age	.....	<i>27</i> years	— days	.....	.....
Trade or Occupation	.....	<i>Fisherman</i>		.....	.....
Height	.....	<i>5</i> feet	<i>8</i> inches	.....	.....
Weight	.....	<i>170</i>	lbs.	.....	.....
Chest Measurement	Grith when fully expanded	<i>39</i>	inches	.....	.....
	Range of Expansion	<i>4</i>	inches	.....	.....
Physical Development	.....			
Vaccination Marks	Arm	Right	Left	Right	Left
	Number	<i>4</i>	<i>4</i>		
When Vaccinated	.....			
Vision	R.E.—V	<i>49</i>		R.E.—V	
	L.E.—V	<i>46</i>		L.E.—V	
(a) Marks indicating congenital peculiarities or previous disease	.....	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	.....	(b)		(b)	
Approved by (Signature)	<i>Samuel Patterson</i>				
(Rank)	<i>major</i>				
		Medical Officer.		Medical Officer.	
Enlisted	.....	at <i>St. John's</i>		at	
	.....	on <i>19th</i> day of <i>April</i> 1917		on	day of 1917
Joined on Enlistment	.....	Corps.	Regtl. No.	Corps.	Regtl. No.
	.....	<i>41st Regt</i>	<i>3639</i>		
Transferred to	.....	ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	.....	on	day of 1917	on	day of 1917
(Signature)	.....			
(Rank)	.....			



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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
General Green Military Hospital, Cambridge Road, R.	6	10	18	23	12	18	B. W. St. Shoulder	78.	Went to top of M. Scapula - very slight. Wound healed. No disability. 7th leave in France.	W. S. P. M. C. W.

13639
Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3639 Rank PLt Name Norman D.
 Date of Enlistment 19.4.17 Address Bunday Cove District Twelfth
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 5%
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 20.6.19 *H. M. Jones*
 P. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. *D. Norman*

Particulars passed to Vocational Officer for information and action.

Date 16.7

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £ 60.00
- (b) Clothing Supplied..... *AMC Co. 1919*

Date 20-6-19 O i/c. Re-clothing

A3639
Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3639 Rank RtE Name Norman D.
 Date of Enlistment 19.4.17 Address Sunday Cove District Sweet's
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 5%
 Passed to Demobilization Officer with following documents:—

N.F. 1936	B 208	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 20.6.19 p. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 16.7.19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) Clothing Supplied AMC Trust Ltd

Date 20-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 71880 to his home at and Release Certificate No. 12930 issued.

Date 20-6-1919 *J.A. Snow Capt.*
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 18-7-19

Date 20-7-19 *H.M. [unclear]*
Depot Paymaster.

Discharge approved for 4-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 20.6.19 *J.A. Snow Capt.*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 4 1919 *R.H. [unclear]*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot
Date July 11/1919 *[Signature]*

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date.....

Regimental No. 3639

Name Hornore, D.

Rank

Address Sunday Cove, Isld., Lunenburg, etc.

Present Medical Category F

Recommended for:— (a) Immediate discharge
(b) Standard Medical Board

Members of Board

B. H. Sait Major
O. C. Discharge Depot.

H. Paterson
Senior Medical Officer

J. W. Borden
M. O. Depot

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

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

1. Unit and Corps..... *Royal West Kent* } Former Trade }
 or Occupation }
2. Regtl. No. *3639* 3. Rank..... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
4. Name *NORMAN* }
 (Surname) } (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (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 is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to general 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. Rt. Shoulder.*
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
*wounded in France 29/9/18
 Bullet wound right shoulder
 wound now healed.*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *Yes*
- (ii.) Previous active service.. .. *N.A.*
- (iii.) Climate in pre-war service *N.A.*
- (iv.) Ordinary military service before the war *N.A.*
- (v.) Serious negligence or misconduct on the man's part. } *N.A.*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition ?

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

Small scar of outer surface right upper arm. One or two on Portenon border of axillary fold. point of exit. Not painful on pressure. Complains pain in the arm on doing heavy work

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

20. Do you recommend—

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

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

Reparation

Station *Hozeler Dava Camp*

Date *11/1/18*

Product's Capt. James
Medical Officer in charge of case.

* 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

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.
(b) The present condition thereof.

22. State whether the disabilities are:—

(a) Attributable to (b) Aggravated by

- (i.) Service during the present war
- (ii.) Previous active service.. ..
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the part of the soldier
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

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 which it will be applicable should be indicated in the answer to Question 24a.

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

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

1. Unit and Corps... **Royal Newfoundland**.....
2. Regtl. No. **3639**.. 3. Rank..... **Pte.**.....
4. Name: **Normore D.**.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(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 is seen by the Officer in charge of the case.

Statement of Case.

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

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

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 the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Wounded in France. 29/Sept/1918. Bullet Right shoulder Wd. now healed.

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(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 man's part.

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

15. What is his present condition? **Small scars outer surface upper arm. (R) one a posterior border Axilla**
(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 exit net painful on pressure. complains of pain in Arm on doing heavy work**

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

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— **Repatriation.**

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

(SGD) J.B.O'RIELLY CAPT.

Medical Officer in charge of case.

Station

Date

* 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

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 grasp.

22. State whether the disabilities are:—

- (i) Service during the present war
- (ii) Previous active service.
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the part of the soldier

(a) Attributable to

(b) Aggravated by

Yes

No

Give details:

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 which it will be applicable should be indicated in the answer to Question 24a.

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) (Wide 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).

Less than 5%.

(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?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Yes.

Opinion of Military Member in case of disagreement.

OR

(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)?

Only to be answered where the soldier is placed 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?

Yes.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
(b) Transport from railway station to his home?
(c) The constant attendance of another person in his own home?

Signatures:—

Station **St. John's**
Date
..... **H.S. FRASER** } President or Chairman.
..... **J.S. TAIT** } Members.
..... **L. PATERSON. MAJOR**

Discharge Approved under Para. 392 (xvii) King's Regulations.

Station
Date
..... **(SGD) CLUNY MACPHERSON. MAJOR** } Only applicable Patients in Hospitals.
Officer in charge, Central Hospital.

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
Date
O.C. Discharge Centre.



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 **Daniel Normore.**

Regiment from which discharged *Royal Newfoundland*

Regimental number **3639.**

Intended address **Sunday Cove Isld. Twillingate.**

Height on discharge **~~5'10~~ 5'10.**

Color of hair on discharge **Light**

Complexion **Fair**

Color of eyes **Blue.**

Descriptive Marks **1 Scar R. Shoulder**

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.

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.

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

Station

Date

Oct. 7/19.

1840

Mrs. Diana Normore,
Pillay's Island.

Dear Madam:-

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

Yours faithfully,

Secretary.

WHP/GEC

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1846

Regtl. No. 739 Rank Pte. Name S. Normore

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 17th June 1919

Pensionable disability Less than 5.00 months

Pension granted:

\$ _____ per month for _____ months

or Gratuity granted:

\$ 75.00 payable in 3 equal monthly insts.

Granted to:

Name S. Normore

Address _____

NOTED
DATE 18/7/19
INITIALS WBO

Date case disposed of JUN 30 1919

Approved by:

Members of Board

[Signature] Chairman

[Signature]

[Signature]

Remarks:

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal W. Field*
2. Regt. No. *2639* 3. Rank. *Plt*
4. Name *Normore D*
(Surname) (Christian Names)
5. Age last birthday.
6. Posted for duty on at
in category (or grade)
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
(b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity
(if any)

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

Statement of Case.

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

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

- G.S.W. Rt Honeder.*
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
*wounded in France
29th Sept 1918 Bullet
wound right shoulder
wound now healed*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war *yes*
 - (ii) Previous active service *N.Y.*
 - (iii) Climate in pre-war service *N.Y.*
 - (iv) Ordinary military service before the war *N.Y.*
 - (v) Serious negligence or misconduct on the man's part. } *N.Y.*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition? *small scars on his surface right upper arm one a posterior border acilla fold point of Epit not painful on pressure. complains of pain in arm on doing heavy work.*

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

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

20. Do you recommend— *Refraturation*

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

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

*W. B. Jones Capt
R. J. R. Navy*

Station *Hazley Leam*

Date

Medical Officer in charge of case.

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) 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.

Sgt. W. Kuzi 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 graft

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

(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

No

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

Sgt. 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 which it will be applicable should be indicated in the answer to Question 24a.

h. 145

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?

less than 5%

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Member, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (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)?

Yes

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed 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?

Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:

Station *Lt. Johns* *[Signature]* { President or Chairman.

Date *June 17 1919* *[Signature]* { Members.

Discharge Approved under Para. 392 (xvii) King's Regulations. *[Signature]* Major

Station *JON 17 1918* *[Signature]* Officer in charge, Central Hospital. { Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve. (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.

Date

In as far as possible, the answers should be given in the space provided.

DEPARTMENT OF VETERANS AFFAIRS

484565

Ottawa 4, Ont
Dec 4, 1967

To Copy for HO file

Date.....

Attention of

NAME NORMORE Daniel

SERVICE 3639 IMP C.P.C. No. 261037
NUMBER ROYAL Nfld W.V.A. No. 202474
REGT.

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

.....PME GFC St. John's Newfoundland Date Nov 28, 1967

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death.....Sept 10, 1967.....
Cause of Death.....
Place of Death.....SPRINGDALE, Nfld.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~NAVY~~
~~REGT~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry