



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5194 Name John Valcher Corps CofC

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... John Valcher
2. What is your full Address? ..... 10 Antish St. St. Bay
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 20 Years ..... Months
5. What is your Trade or Calling? ..... Tradesman
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 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? ..... Yes

I, John Valcher do solemnly declare that the above answers made by me to the above questions are true and that I am willing to fulfil the engagements made.

John Valcher SIGNATURE OF RECRUIT.  
J. Raymond Signature of Witness.

20/5/15

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Valcher 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 20 day of May 1915.

Signature of Attesting Officer C. B. Dicks

### 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 May 20 1915  
 Place St. John's } Approving Officer.

The signature of the Approving Officer is to be affixed in the presence of the Recruit. Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

5194

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

Name John Vatcher

Apparent age \_\_\_\_\_ years \_\_\_\_\_ months. Height 5 feet 10 3/4 inches

Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Vatch  
Bristol St. 113. | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

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

### Particulars as to Children

Christian Names

Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'port	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards <del>total</del> engagement reckons from <u>20-5-18</u>									
Joined at <u>St John's</u> on <u>May 20-1918</u>									
<del>Discharged August 8 1918</del>									
(2)									
Embarked <u>St John's St. 10th 1918</u> to <u>India</u>									
to be <u>re-embarked</u> for demobilization <u>24-6-1919</u>									
Arrived <u>to be re-embarked</u> <u>1-7-1919</u>									
Demobilization <u>St John's</u> <u>11-8-1919</u>									
*Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge)									
									1 year 84 days
Pensions									

C.R. 5194

Extract from Daily orders Part II Royal Newfoundland Regt.  
Dated Aug. 22nd 1919. Depot St. John's.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/o Records from noted date 9-8-19.

5194, Pte. John Vatcher.

C.R. 5194

Extract of these Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, ~~Unit~~ July 16th, 1919

The discharge of the undemoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 28-7-19

5194 Pte. J. Vatcher.

C.R. 5194

Extract from Daily Orders Part II Unit The Royal Field Artillery  
St. John's, July 24th 1919.

5194 Pte. J. Vatcher.

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

C.R. 5194

Extract from Casualties received from P.A.P.R. Office London,  
Aug. 20th, 1918.

The undermentioned man was admitted to Central Hospital, Chatana  
(From Major Carby's Draft from H.F.I.A.) and Discharged from Hospital  
on 19-0118, reported this office same date and was sent direct  
to Depot, Winchester.

5194 Pte. Vatcher, J.

Authority:-

Officer i/o. Records H.F.I.A. Regt.

C.R. 5194

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Reg. St. John's, dated July 25, 1918.

The following men embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5194 Pte. John Vatcher.

C.R. 5194

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 21st, 1918

#5194 Pte. J. Vatcher

Attested for General Service with the Royal Nfld. Regt.  
from 20.5.18 to report 24.5.18



J. Vachon

C.R. 5194

PRO

N<sup>o</sup> 4081 A



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, John Katcher

, Regl. No. 5194

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>or</sup> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz:

Allotment begins July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4265	Wife	Wm. Williams Katcher	British Harbour Greeny Bay	60
Total Allotment, \$				60

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

Sig.) \_\_\_\_\_

Officer Commanding  
Company

St John's

June 12/1918

(Sig.) John Katcher

(Rank) Private

No. 4933/717

N.F.F./79.

From. NEWFOUNDLAND CONTINGENT

Chief Paymaster & G.I.C. Records,  
Newfoundland Contingent,  
Pay & Record Office,  
53 Victoria Street,  
London, S.W. 1.

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

28th March 1919

April 1st 1919

5194 Pte Vatcher J.

With reference to the following telegram from the Minister of Militia / / (102)

"Pay to- 5194 Vatcher.

£2. 0. 0.

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

*A.A. Minshall Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*John Vatcher*  
LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT  
Officer Commandg. Batt'n.

Received the sum of Two  
pounds in respect of telegraphic remittance from the Minister of Militia.

*John Vatcher*  
No. 5194 Rank Plt

Witness *W. P. ...*

No. 2559/353.

From. NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.  
2nd/Bn Ryl Nfld Regt.  
Winchester.



17th February 1919

5194. Pte Vatcher. J.

With reference to the following telegram from the Minister of Militia / / ( 21 )

"Pay to-5194. Vatcher.

£3.0.0.

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

Chief Paymaster & O. i/c Records.

February 17th 1919

Receipt hereunder.

*E. Kant J.* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Three pounds

in respect of

telegraphic remittance from the Minister of Militia.

*J. Vatcher*  
No. 5194 Rank Private

Witness *W. Rockett*

Vatcher, J.

5194

Hay Sept.

August 14, 1919

#5194 Pte. John Vatcher,  
British Harbor, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3750 .

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

Class for Demobilization:—

*867*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 12/19*

Regimental No. *5194*

Name

*Vatcher John*

Address

*British H.S.*

Present Medical Category

*Aj*

Recommended for: (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

*D.R. Cooper Capt.*

O.C. Discharge Depot.

Members of Board

*H.P. Stinson*  
Senior Medical Officer

*Geo. Borden*

M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5194 Rank Private Name Walter J. P.  
 Date of Enlistment 20-5-18 Address Bartlett St. District S.P.  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:-

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

Date 12-7-19

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 .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable \$60  
 (b) ~~Clothing~~ Supplied Walter J. P.

Date 14-7-19

O i/c. Re-clothing.



## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2394 to his home  
 at British Hill and Release Certificate No. 3399 issued 14-7-19

Date 14-7-19

Ambleston  
 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 11-8-19

Date 14-7-19

Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form L	do 3rd.	" 4
B 179a	D 400C	Form K	do 4th.	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 14-7-19

Ambleston  
 Demobilization Officer.

## APPROVED.

Documents as above forwarded to:-

Officer in Records.  
 Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 20 1919

A.P. Cooper Capt.  
 O. C. Discharge Depot.

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

Date

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*John Watcher*

Signature of Man.

*D. M. Clowster*

Reg. No. 3194

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

14-7-18

191

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

# MEDICAL HISTORY

Surname Watches OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish British Is. P.A. County Hfea

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	20	May	1918	191
Declared Age	20	years		
Trade or Occupation	Fisherman			
Height	5	feet	10 <sup>3</sup> / <sub>4</sub>	inches
Weight	133		lbs.	lbs.
Chest Measure- ment	36		inches	inches
	4		inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.F.—V	6/6	R.E.—V	
	L.E.—V	6/6	L.E.—V	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>S. Johns</u>	at	
	on	20	day of	May
		1918		191
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	<u>The Royal 194</u>			
	<u>Hfea Regt</u>			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(Rank)				



list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In case of  
and re-admissions to hospitals will be shown. The subsequent progress, including particulars  
out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*No complications.*

*C. CR Walker*  
CAPT. R.A.M.C.

[P.T.O.]



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi), 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 R, or P. (T), of the Reserve.

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

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

1. Unit and Corps... Royal Newfoundland 7. Former Trade or Occupation... Soldier
2. Regt. No. 5194 3. Rank... Pvt. 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
4. Name... Satchel John  
(Surname) (Christian Name)
5. Age last birthday... 21
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 (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

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.)*

*The Complainant of no disability*

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

20. Do you recommend—

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

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

*Repatriation*

Station *Harvey Bacon* .. .. .

Date *3/24/19* .. .. .

*W.E. Proctor*, *Capt Rame*  
 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





## 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 *Vatcher John*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5194*

Intended address *British N. B.*

Height on discharge *5* Feet *11*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall*

Christian name of Father *William*

Christian name of Mother *Sarah*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *British N. B. 18 Nov. 1897*

Nature and locality of civil employment required \_\_\_\_\_

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

(Soldier's signature in full)

*John Vatcher*

(Rank)

*R*

Station

*St John*

Date

*8-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Station

Date

August 18, 1919

Mr. John Vatchers,  
British Hrs., T.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 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 *John* ..... 2. Surname *Watches*  
3. Rank *Pvt.* ..... 4. Regtl. No. *5794*  
5. Address in full to which future payments of gratuity are to be forwarded *Watches St. J. N.*  
6. Date of enlistment in the Regiment *May 20/18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
8. Relationship of such dependents.....  
9. Address in full of such dependents.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....  
11. Were you on active service only in 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. *From May 20/18 to July 14/19.*

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.* *No*

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

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 Ireland?..... *No*

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

19. Are you now serving in the R.A.F.?..... *No* If not give:-(a) Date of discharge..... *14 July 1919* Reason for discharge..... *Temporary Re-employment*

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.

..... *No* .....

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..... *No* .....

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.

*John Vatcher*

Signature of Applicant:

Place of Residence:

Declared before me at:

This 14th day of

*British A. S. P.  
R. John's, N.Y.C.  
July 17, 1911  
John M. Carthy*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	.....



5194 Natcher

PM.

Please make first pay to SH

6/16/19

J. B. K.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

July 19<sup>th</sup> 1919

Received from the First Newfoundland Regiment  
the sum of Seventy <sup>++</sup> Dollars  
on account of Pay, wsg.  
balance

W. Hatcher Warrant Officer  
Regtl. No. 5-194 Rank Pte

Ch. No. 3526 Initials.....

Pay Ledger. 293 Initials..... wn

Gen. Ledger..... Initials.....



No. 5194

Rank *Plt*

Name *J. Vatcher*

Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

---

Fold Here

OCT 20 1921 1921.

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

John Vatcher

in respect of his service as No. 5104 Rank Pte.

Name J. Vatcher Royal Nfld. Regt.  
~~Nfld. Mounted Rifles~~

Receipt of the same should be acknowledged hereon.

Received \_\_\_\_\_

Signature John Vatcher

Date OCT. 26<sup>th</sup> 1921

Address Britton Hr. J. B.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet The

Forms  
B 121.  
39.

Regiment of Royal Newfoundland.

Signature of O. C. Company Edwards Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Vatcher, John</u>	Age on	20 years months	<u>Indemane</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	} with Colours	} <u>26. 5. 18</u>	<u>C. P. C.</u>
Joined		Date	} with Reserve	} <sup>14</sup> / <sub>365</sub> years.	Place of Birth
Joined	Date			<u>British H. T. B.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized 11/19</u>					

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5194 Rank Rt. Lt. Name Watches, J.  
 Date of Enlistment 20.5.18 Address 3rd St. H. St. B. District B.  
 Occupation Fisherman Classification for Discharge Fy Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
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 12-7-19 O. C. Discharge Depot H. Mrs. H.

### 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.

**EMPLOYMENT SERVICE CENTER**

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60

(b) Clothing Supplied [Signature]

Date 14-7-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2394 to his home at British H<sup>2</sup> and Release Certificate No. 3599 issued.

Date 14-7-19

A. M. Johnston  
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 11-5-19

Date 14-7-19

Depot Paymaster.

Discharge approved for 28-7-19

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

N.F. P36	B 268	B 121	S.F. Med.	D.F. 1.
F 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L	do 3rd.	" 4.
B 179a	D 400C	Form K	do 4th.	" 5.
B 179b	B 103	ME 2		" 6.
B 179c	B 120	M 93		

3 Form B

Date 14-7-19

A. M. Johnston  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUL 20 1919

Date .....

A. R. Cooper Capt.  
O. C. Discharge Depot.

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

Date Aug 21/19

W. H.

Reg. No. 5194 Rank P6 Vatsky John

Attested British It

Allotment ilo

Date of Allotment 1919

Returned on SS. cardra Discharge

147 19 PASSED TO DEMOBILIZATION OFFICE

28 19

DISCHARGE APPROVED ON DEMOBILIZATION

C. 5794  
Army Form B, 1792

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Inspector*
2. Regtl. No. *5194* 3. Rank..... *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Catcher* *John* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday..... *21*
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 (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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



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

*No complaints of no disability*

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.)*

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?

*Repatrication*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

*W.E. Proemier, Capt R.S.M.*  
 Medical Officer in charge of case,

Station *Hazley town*

Date *4/4/19*

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5194 Rank Pvt. Name Walter J.  
 Intended place of residence British Hts

2. Occupation Insularian  
 Classification of soldier E Medical Category AT

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 14 1919

*M. Ross*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 14 1919

*John Walter*  
 Signature of soldier

*W. J. Beaton*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 14 1919

*John Walter*  
 Signature of soldier

*W. J. Beaton*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No. of days on Military  
 Discharged from service 18-7-19 Plus 14 days Service 449

### 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 28 1919

*D. R. Cooper*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 11/1919

*M. Bowley*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Aug 20 791 3750*

Military Dept:

St Johns.

Feb. 12<sup>th</sup> 1920.

C.R. 5194

Dear Sir :-

Have not received my  
2 inches of Victory Ribbon yet have you  
mailed it, if not please send it by  
return mail & oblige.

5194 1/2 J. Batcher  
British Ar  
J. B.

Not Entitled to Victory Ribbon Y.P.