



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5320 Name Wilson Key Corps CofC

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Wilson Key</u>               |
| 2. What is your full Address? .....  | 2. <u>Randolph Bay</u>             |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</u>                 |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                     |
|  | Corps .....                        |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Wilson Key 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.

Wilson Key SIGNATURE OF RECRUIT.  
J. R. Bayning Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
 I, Wilson Key do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.  
 The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
 The above questions were then read to the Recruit in my presence.  
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 22 day of May 1918  
Proctor's head Signature of Attesting Officer

†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 1918  
St. John's Place } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5390

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

Name William Vey  
 Apparent age 19 years 0 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Vey  
Random Bay | 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'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22-5-18</u>									
Joined at <u>St John's</u> on <u>1004. 22-1918</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked St John's S.S. Colaba to the S. Halifax N.S. 22.7.18</u>									
<u>To Hqs for demobilization 24.6.19. Arrived Hqs 1-7-1919</u>									
<u>Demobilization St John's 11-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement (a) 11-8-1919 (date of discharge) 1 years 82 days  
 Pensions ( " " " " ) " " " "

C.R. 5320

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

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

#5320 Pte. Wilson Vay.

Extract from Daily Orders part 11, from Unit The Royal Wilt.  
Regt. St. John's, dated May 23, 1918.

#5820 Pte. Wilson Vey.

Attested for General Service with the Royal Wilt. Regt.  
from 22.5.18



C.R. 5320

Extract from Daily Orders East 11 Unit The Royal Rifles.  
Regt. St. John's on July 16th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot 28-7-29

5320 Pte. W. Vey.

C.R. 5320

Extract from Daily Orders Part II Royal Newfoundland Regt.

Dated Aug. 22nd 1919. Depot St. John's.

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

5320, rte. Wilson vey.

C.R. 5320

Extract from Daily Orders Postmill Unit The Royal Nfld.  
Regt. St. John's July 2nd, 1919.

5320 Pte. W.Vey.

Reported at Headquarters 147-19 at "Casbah" which  
sailed Glasgow June 24th, 1919.

W. Key

C.R. 5320

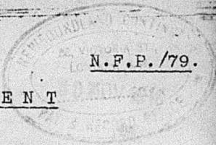
1110





No. 19349/2174

*065583*  
*HC*



NEWFOUNDLAND CONTINGENT

From:

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

To:

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

26th November 1918

Nov. 28th 1918

Subject: 5320, Pte. W. Vey *B*

With reference to the following telegram (10146) from the Hon. Minister of Militia, received

Pay to 5320 Vey £8:4:0

Receipt hereunder  
*Cham*  
**LIEUT. COLONEL.**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg. *2nd* Batt'n  
Royal Newfoundland Regiment

Received the sum of Eight pounds  
four shillings on account of  
cable remittance from Newfoundland.

Draft £ 8:4:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*W. Power P. S.*  
Chief Paymaster & O. i/c Records.

*W P Vey*  
No. 5320 Rank Pte.  
*W Power P S.*

No. 1994/298

*067098*



N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2/Bn.R.Nfld.Regt.  
Winchester.

3rd February 1919.

5320 Pte.W.Vey.

With reference to the following telegram from the Minister of Militia 29/1/19 (937)

"Pay to- 5320. Pte.W.Vey.

£4:2:0

Cheque £ 4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

**B**

*February 4th 1919*

Receipt hereunder

*Exam 17*  
LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. *2nd* Batt'n.

Received the sum of *Four pounds two Shillings* in respect of telegraphic remittance from the Minister of Militia.

*W Vey*  
No 5320 Rank Private

Witness M. Rockett

Key, Wilson

5320

Key Sept.

August 14, 1919

#5320 Pte. Wilson Vey.  
Random, T. B.

Dear Sir:-

Please find enclosed Discharge Certificate #3740.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 1320 Rank P6 Name Vey W.  
 Intended place of residence Random T. B.

2. Occupation Fisherman  
 Classification of soldier E. Medical Category A 1

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 14 1919

H. Mous 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 JUL 14 1919

W. Vey  
 Signature of soldier

M. Blomsh  
 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

W. Vey  
 Signature of soldier

James D. Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 No. of days on Military  
 Discharged from service JUL 28 1919 Plus 14 days Service 447

### 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

H. R. Cooper Capt  
 Officer in Charge 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

H. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

ARB 207 913740

10  
30  
31  
11  
85



# The Royal Newfoundland Regiment

Class for Demobilization:—

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 12/19*

Regimental No. *5320*

Name

*Ray Wilson*

Address

*Random*

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. Petersen*  
Senior Medical Officer

*Geo. Borden*  
—M. O. Depot

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5320 Rank Pvt Name Wey W.  
 Date of Enlistment 22-5-18 Address Paradise District D.B.  
 Occupation Fisherman Classification for Discharge 1 Medical Category H1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. Pj36	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 ..... R.O. C. Discharge Depot. W. Wey

## PARTICULARS FOR DEMOBILIZATION

### i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with 460

- (a) Clothing Allowance payable. ....  
 (b) Clothing Supplied .....

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92388 to his home  
 at Randour and Release Certificate No. 5603 issued.  
 Date 14-7-19  
*Ambleton*  
 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 28-7-14

Forwarded with following documents to O.C Discharge Depot.

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

*Ambleton*  
Demobilization Officer.

Date 14-7-19

APPROVED.

Documents as above forwarded to:-  
 Officer i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919  
*N.R. Coole, 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,

.....  
.....  
.....

*W. V. V. V.*  
.....  
Signature of Man.

*W. V. V. V.*  
.....  
Signature of the Vocational Officer or his Representative.

Reg. No. 5320

Place *St. Louis*

Date *14-7-79* 191

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

# MEDICAL HISTORY

Surname Wey OF St John's Christian Name Wey

Table I.—GENERAL TABLE.

Birthplace:—Parish Ransom St. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	22 <sup>nd</sup>	May	1918	191
at	St John's			
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet	5	inches
Weight	116	lbs.		lbs.
Chest Measurement	Girth when fully expanded	35	inches	inches
	Range of Expansion	5	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	6/12		
	L.E.—V=	6/6		
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Samuel Roberts</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's		
	on	22 <sup>nd</sup>	day of	May
			1918	
	Corps.		Regtl. No.	
Joined on Enlistment	Royal Nfld Regiment.			
Transferred to			5320.	
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of
			191	







## 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 *Wey. Wilson.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5520.*  
Intended address *Randon. N.B.*

Height on discharge *5* feet *6.*

Color of hair on discharge *Dark.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks  
Figure on discharge *Effed.*

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 *Randon. 15 Sept. 1899*

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

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

(Soldier's signature in full) *Wilson Wey* (Rank) *Private*

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

**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. *5320* 3. Rank... *Plt.*
4. Name *Vey* *William*  
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 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) Where  
(c) Opinion of Court  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity  
(if any)

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

### Statement of Case.

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

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

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

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?

*Repatriation*

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

*W.E. Proemier. Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Fazley Down* .. .. .  
 Date *3/1/19* .. .. .

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

August 18, 1919

Mr. Wilson Vey,  
Long Beach,  
Hawden, 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..... *Mason* ..... 2. Surname..... *Levy* .....
3. Rank..... *Pte* ..... 4. Regtl. No. .... *5370* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Long Beach Rovers I.B.* .....
6. Date of enlistment in the Regiment..... *May 27/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*No* .....
8. Relationship of such dependents..... *—* .....
9. Address in full of such dependents..... *—* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen mos* .....
- ..... 1.3 .....

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

.....  
.....

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.

.....

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

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.

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

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

19. Are you now serving in the R.A.F. <sup>no</sup> If not give:- (a) Date of discharge. *July 28/19* (b) Reason for discharge. *senior*

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.

*Ceylon*

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

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

Signature of Applicant: *Wilson W. Ransom*  
 Place of Residence: *Long Beach, Ransom, C.B.*  
 Declared before me at: *of Johns*  
 This *14* day of *July* 19..*19..*

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

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

Holloway  
T.B.

Aug 29<sup>th</sup>  
1918

Dear Sir:-

As to questions  
No 11 and 12. The  
Justice of Peace here at  
Holloway, although he has  
signed paper is in  
doubt. I do not know these  
people as he does, only being here  
for one year, whereas he has been  
living here or quite near there a  
life time I presume. Would it not  
be advisable have him investigated?

Yours respectfully  
D. E. Treat  
(Clergyman)





DEPARTMENT OF MILITIA

ST. JOHN'S Aug. 16th, 1918  
NEWFOUNDLAND

Mrs. William Vey,  
Long Beach.

Dear Madam:

With reference to your letter of Aug. 10th  
I enclose form of application for Separation Allowance.  
Kindly have each of these questions answered in full and  
signed by a Magistrate or Justice of the Peace, and return  
to this office, on receipt of which your claim will be  
considered.

Yours truly,

Lieut.  
For Paymaster



ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

**NOTICE:** THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Reg't. No.  
Wilson Vey. (Army) Reg't. 5320.

2. Age of soldier. Married or single.  
Nineteen (19) Single

3. Name in full of mother. Age. Occupation. Where employed  
Sarah Vey 53. Wife

4. Give name of your husband. Age. Occupation. Where employed  
William Vey 57 Fisherman Home

5. If your husband is not supporting you, state the reason. *Amount earned by my husband this year is very meagre. Owing to ill-health and the taking of his boat he has not been home.*  
My husband is my only support receiving what I expect to receive from his fishing boat.

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady (A medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue)  
*My husband is a chronic invalid and totally incapacitated since 1916.*

7. If you are a widow, state date and place of death of your husband.

8. Have you married again since death of above mentioned husband.

9. Names of your other children.	Address in full.	Age.	Occupation.	Married or single
Mary Louisa	Long Beach 7B	28	—	married
M. Annie	(College Square) St. John's	26	—	married
Dulcis Eda	Long Beach 7B	24	—	married
Alice Wilson	Broad Cove 6B	22	—	single
Edna	Enlisted	19	—	single
Effie	Long Beach	16	Home	single
Daniel	Long Beach	14	Home	single
	Long Beach	11	Home	single

*Amount earned by my husband this year is very meagre. Owing to ill-health and the taking of his boat he has not been home.*  
*My husband is my only support receiving what I expect to receive from his fishing boat.*  
*My husband is a chronic invalid and totally incapacitated since 1916.*  
*My husband is a chronic invalid and totally incapacitated since 1916.*

As for Amount

10. State amount earned by (a) Yourself nil  
(b) Your husband approximately 14 or 15 yds  
for such times as these.

11. State amount and source of any other income. None

12. State value of real property belonging to you and your husband About 4000.00 enter to lower figures

13. State value of personal property belonging to you and your husband  
The value of <sup>about</sup> both properties belongs to both of us.

14. If husband is dead, state value of real and personal property left by him.

15. Actual amount contributed by soldier during the year prior to enlistment cannot say. His earnings went to his father. It was his.

16. Was this amount contributed weekly or monthly. After he finished fishing.

17. Did this amount include payment of son's Boardmetc. Yes and also clothing.

18. State your son's trade or occupation prior to enlistment Fishing with his father.

19. State amount of his wages per week.

20. State name and address of his last employer

21. State amount of monthly support from son since enlistment \$15.50 for first month. that's all yet

22. State amount of allotment received by you from son monthly. None.

23. State from what date did you receive allotment. August 10, 1918

24. Actual amount contributed by other children. Weekly Monthly.

25. Are any of these children in the employ of you or your husband? None.



FORM K

Nº 4723



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wilson Vey, Regl. No. 5320

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

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4350		Mr. & Mrs. Wm Vey (Sarah)	Long Beach Road <sup>213</sup>	50
Total Allotment, \$				50

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

Sig.) Watson Lieut  
Officer Commanding  
B. Company  
A. G. P.  
June 17th 1918

(Sig.) Wilson Vey  
(Rank) Pte

Fold Here

**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~~ **British War Medal**

is/are forwarded herewith to

Wilson Vey

in respect of his service as No. 5320 Rank Pte.

Name W. Vey Royal Nfld. Regt.

~~Nfld. Prov. Coy. 2 Bn.~~

Receipt of the same should be acknowledged hereon.

Received British war medal

Signature Wilson Vey

Date October 25 1921

Address Long Beach Rendonment

[P.T.O.]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of Reoyal Newfoundland

Signature of O. C. Company R. Dicks

Regimental Number and Name	
No.	<u>5320 New Wm</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<u>19</u> years <u>10</u> months	<u>Intermen</u>
Place and Date of Enlistment	<u>St John's</u> <u>22.5.18</u>	Religion
Period of	with Colours <u>182</u> years.	Place of Birth
	with Reserve <u>365</u> years.	<u>St John's N.F.</u>

Good Conduct Badges, Service pay or proficiency pay
---

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>11</u>	<u>8/19</u>		

To be carried over.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (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 L. Engineers } Former Trade } usherman  
or Occupation }
2. Regtl. No. 5329 3. Rank plc 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps with Regtl. Nos.
4. Name vey Wilson  
(Surname) (Christian Names)
5. Age last birthday 40
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 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."

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

*nil*  
*nil*  
*nil*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)

*No Complaints 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?

*Repatriation*

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

*W. E. Procmier. Capt. Rame*  
Medical Officer in charge of cast.

Station *Hazley Barr*  
Date *3/4/19*

\* 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

### DEMOBILIZATION OF

Reg. No. 5320 Rank Plt Name Wey W.  
 Date of Enlistment 22.5.18 Address Pandora District 2B  
 Occupation Teacher Classification for Discharge 4 Medical Category F.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 12-7-19

*[Signature]*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation. *Wey*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. *56.00*

(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. 82388 to his home  
at Randon and Release Certificate No. 3603 issued.

Date 14-7-19

Ambleton  
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

W. H. H.  
Depot Paymaster.

Discharge approved for 28-7-14

Forwarded with following documents to O.C Discharge Depot.

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

Date 14-7-19

Ambleton  
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 28 1919**

Date .....

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

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

Date Aug 7/19

W. H. H.



Reg. No. *5320* Rank *Pt* Name *Vey W.*

Attested ..... Address *Random*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *||||* *1* *1919*

Returned on S.S. *Cassandra* Cause *Discharge*

*14 7 19*  
*28 7 19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION**