



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF,

No. 5526 Name Norman Vincent Corps S.I.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Norman Vincent</u>                     |
| 2. What is your full Address? .....  | 2. <u>Brighton Tritou</u><br><u>Green B.</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                                |
| 4. What is your age? .....   | 4. <u>21</u> Years .....                     |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                          |
| 6. Are you Married? .....  | 6. <u>no</u>                                 |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                                 |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u><br><u>Yes</u>                  |
| 9. Are you willing to be enlisted for General Service? .....   | 9. ....                                      |
| 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, Norman Vincent 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.

Norman Vincent SIGNATURE OF RECRUIT.  
Pte. R. Power Signature of Witness.

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

I, Norman Vincent 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 H. John's on this 30 day of May 1915.

Signature of Attesting Officer Roberts Lieut.

### †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 compiled 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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

5526

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

Name Norman Vincent

Apparent age 21 years      months. Height 5 feet 3 1/2 inches

Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 3 inches

Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Vincent  
Brighton Triton | Relationship Father.  
G.P.B. Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards lighted engagement reckons from <u>30-5-18</u>									
Joined at <u>St. Helier</u> on <u>May 30-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Embarked at John S. Costello to Halifax N.S. 22-7-18</u>									
<u>1. W/O for demobilization 24-6-19</u>									
<u>Returned to uniform Band 1-7-1919</u>									
<u>Demobilization St. Helier 11-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge)									
" " Pensions " " " " " " " " " " " "									
" " " " " " " " " " " " " " " " "									

C.R. 5526

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 31, 1918

#5526 Pte. N. Vinsent

Attested for General Service with the Royal Nfld. Regt.  
from May 30, 1918

C.R. 5526

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

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

#5526 Pte. Norman Vincent.



C.R. 5526

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

5526 Pte. W. Vincent.

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

H. Vincent.

C.R

5526

1110



No 8269/1562

B. 100125  
NEWFOUNDLAND CONTINGENT  
- 7 JUN 1919

N.F.P./70.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Nfld. Regiment  
~~Manchester. Mass.~~

3rd June 1919

5th June 1919.

5526 Pte. N. Vincent

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 ( 217):

"Pay to- 5526 N. Vincant  
£5. 0. 0.

R. O. R.  
Officer Commdg. 2nd Batt'n.

S. J. Parker LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Received the sum of Five Pounds

Cheque £ 5. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

\_\_\_\_\_ in respect of telegraphic remittance from the Minister of Militia.

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

N. Vincent  
No 5526 Rank Pte.

Witness: W. R. Hodder

No. 19493/2184

*065600*  
*FC*



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.

28th November 1918

Subject: 5526, Pte. N. Vincent,

With reference to the following telegram (10190) from the Hon. Minister of Militia, received

Pay to 5526 Vincent £5:3:0

Draft £ 5:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. L. Carter*

Chief Paymaster & O. i/c Records.

Nov. 30th 1918

Receipt hereunder.

*A. J. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of Five pounds  
three shillings on account of  
cable remittance from Newfoundland.

- 4 Vincent  
No. 5526 Rank Pte.

Witness: *A. L. Carter, Pte.*



No. 3137/473.

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 Mfld Regt.

Winchester.

NEWFOUNDLAND CONTINGENT  
M.F.P. 779  
58, VICTORIA STREET  
LONDON, S.W. 1  
7 MAR 1919  
RECORD OFFICE

23rd February 1919

5226 Pte. Vincent R.

With reference to the following telegram from the Minister of Militia / / ( 44 )

"Pay to- 5526. Vincent

£5.3.0.

Cheque £ 5.3.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

for Chief Paymaster & O. i/c Records.

Receipt hereunder.

*R. K. ...*  
Officer Commanding  
2nd BATTAL  
NEWFOUNDLAND REGT.  
LIEUT. COLONEL

Received the sum of Five pounds

*Thomas Vincent* in respect of telegraphic remittance from the Minister of militia.

Thomas Vincent

No. 5226 Rank Pte

Witness M. Fockett

No. \_\_\_\_\_

From: NEWFOUNDLAND CONTINGENT

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

# MEDICAL HISTORY

Surname Vincent OF Christian Name Norman

Table I.—GENERAL TABLE.

Birthplace:—Parish Piton County Mex.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30	May	1918	191
Declared Age	21	years		
Trade or Occupation	Fisherman			
Height	5	feet 3 1/2		
Weight	121	lbs.		
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		3	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated	6/24			
Vision	L.E.—V= 6/24		R.E.—V=	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>			
Enlisted	at	<u>Sydney</u>	at	
Joined on Enlistment	on	30 day of <u>May</u>	1918	191
Transferred to	Corps.	<u>Royal Mex</u>	Regtl. No.	<u>26</u>
Became non-effective by	(Signature)			
	(Rank)			





# The Royal Newfoundland Regiment

Class for Demobilization:—

*16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 2/19*

Regimental No. *5526*

Name

*Vincent - D.*

Address

*Linton Swillingate*

Present Medical Category

*A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

*N.R. Cooper Capt.*  
O.C. Discharge Depot.

*J. H. Hester*  
Senior Medical Officer

*Geo. Sinden*  
M.O. Depot



## 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 *Vincent Norman*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5326*

Intended address *Triston, I. G. I.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

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

Figure on discharge *Short*

Christian name of Father *John*

Christian name of Mother *Elizabeth*

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

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

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

Place and date of soldier's birth *Triston Jan. 31-1897*

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) *Norman Vincent*

(Rank) *Pvt*

Station *St John's*

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 (vi.) 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. *3376* 3. Rank. *Plt*
4. Name *Vincent Norman*  
(Surname) (Christian Names)
5. Age last birthday *21*
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 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."
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? }

*He complains of no disability*

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.

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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

*Repatriation*

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

*W.E. Prosser, Capt Ranc.*

Station *Ameydown*.....

Date *3/4/19*.....

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

Vincent, h

5526

Ray Dept.

August 14, 1919

#5526 Pte. Norman Vincent,  
Triton,  
WILLINGATE DIST.

Dear Sir:-

Please find enclosed Discharge Certificate #3729.

Yours truly,

Captain & Paymaster.



# The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5326 Rank Plt Name Vincent A. Gregory  
 Date of Enlistment 30-5-18 Address St. John's District H. 1  
 Occupation Underwriter Classification for Discharge 4 Medical Category H. 1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B/1915	do 2nd	" 3
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 12-7-19O. C. Discharge Depot. M. H.

## PARTICULARS FOR DEMOBILIZATION

### i. Civil Re-Establishment.

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

of Vincent

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~~ .....

Alfred [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. **A2414** to his home at **Trilou** and Release Certificate No. **3571** issued.

Date **14-7-19** **Ambrose**  
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** **A. M. H.**  
Depot Paymaster.

Discharge approved for **28-7-19**

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
F 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** **Ambrose**  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**6161 82 700**

Date **K.R. 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.

*J Vincent*

Signature of Man.

*M. Clonish*

Reg. No. 3326

Signature of the Vocational Officer or his Representative.

ST. JOHN'S

Place

Date

14-7-19.

191

August 18, 1919

Mr. Herman Vincent,  
Fraytown, 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 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..... Norman ..... 2. Surname..... Vincent .....
3. Rank..... Pvt ..... 4. Regtl. No..... 5576 .....
5. Address in full to which future payments of gratuity are to be forwarded..... Trayton N.S.B. .....
6. Date of enlistment in the Regiment..... May 1918 .....
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 mo .....
- ..... 1.2 .....

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.

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 *no* Rest? If not give - (a) date of discharge. *July 28/19* (b) Reason for discharge.

*Remish*

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.

*England*

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: *J Vincent*  
 Place of Residence: *Trayton N.W.B.*  
 Declared before me at: *St Johns*  
 This 14 day of *July* 19.17....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John McCarthy J.P.*

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

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

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5526

7408

November 19, 1919

Norman Vincent,  
Triton, E.

Dear Sir:

With reference to  
your letter of 11/11/19, balance of  
War Service Gratuity has been mailed  
to you today, please.

Yours truly,

Lieut.  
For Paymaster

9

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company C. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Norman Vincent</u>	Age on <u>21</u> years <u>        </u> months	<u>Seaman</u>		
Joined _____ Date _____		Place and Date of Enlistment <u>St. John's</u>	<u>S. A.</u>		Religion
Joined _____ Date _____	Period of <u>30-5-18</u>	<u>S. A.</u>		Place of Birth	
Joined _____ Date _____	with Colours <u>1 7/8</u> years.	<u>Triston</u>			with Reserve <u>        </u> years.

Place	Date of Offence	Rank	Class of Discharge	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 8/19</u>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5526 Rank Pvt Name Vincent - J.B.  
 Intended place of residence Tulon Tullagh

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 ..... J. Messitt  
 Date JUL 14 1919 ..... 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 ..... J. Vincent  
 Date JUL 14 1919 ..... James O'Sullivan  
 Signature of soldier  
 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 ..... J. Vincent  
 Date JUL 14 1919 ..... James O'Sullivan  
 Signature of soldier  
 Signature of witness Sgt.

### STATEMENT OF SERVICE

7. Enlisted for service 30-5-18 No. of days on Military  
 Discharged from service JUL 28 1919 Plus 14 days Service 439

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S ..... J. P. Cooper Capt.  
 Date JUL 28 1919 ..... 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 ..... J. Bowley Capt.  
 Date August 11/1919 ..... Officer i/c Records  
 The Royal Newfoundland Regiment

W.F.B. 207413729

20  
37  
11  
26



Reg. No. 5526 Rank. Pte Name Vincent, A. 2 Co.  
Attested 30-5-18. Address Brighton N. S. B.  
Allotment 60 Allottee Mrs John Vincent (Elizabeth mother)  
Date of Allotment 17/8/18 Returned from Overseas  
Embarked for Overseas JUL 22 1918 Cause

16/8 Jace  
15<sup>th</sup> 1918<sup>th</sup> Proc. 2nd Div H 17/18, 3<sup>rd</sup> Dec 10-7-18  
A.S. 16<sup>th</sup> 1918 — 24<sup>th</sup> 1918 R.L. 28<sup>th</sup> 1918

## The Royal Newfoundland Regiment

### DEMOBILIZATION OF

Reg. No. 5326 Rank. Plt. Name Vincent J.  
 Date of Enlistment 30-5-18 Address Victoria District St. John's  
 Occupation Steward Classification for Discharge 1/1 Medical Category A.1  
 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	5
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. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

J. Vincent

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~~ .....

[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. B2414 to his home at Fulton and Release Certificate No. 3571 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 Ambleton  
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	✓ N.F. Med.	D.F. 1
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		

Date 14-7-19 Ambleton  
Demobilization Officer.

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 28 1919

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

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

Date July 28 1919 Ambleton



Reg. No. *5526* Rank *Plt.* Name *Vincent W.*

Attested ..... Address *Leiton*

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

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

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

*14* ) *19*  
*287* *19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**

**C.P. 179a**

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. (1), 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* } Former Trade or Occupation } *Fisher*
2. Regtl. No. *5526* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Vincent - Norman* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
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? }

*The complaint of no disability*

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.

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?

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.*

*Repatriation*

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

Station *H. G. Chelmsford*

Date *3/14/19*

\* 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.

RECEIPT.

C.R. 5526

FOR ISSUE OF BRITISH WAR MEDAL-1914-1919.

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

NAME.. *Gorman.. Vincent*

DATE..

*Nov. 18. 1919*

PLACE..

*Wilton.. East....*



C.R. 5526

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

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

5526, rte. Norman Vincent.

C.R. 5526

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot with effect from following  
date

28-7-19.

5526, Pte. N. Vincent.