



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5152 Name Gordon Vivian Corps Infantry

Questions to be put to the Recruit before Enlistment

- | | |
|--|---|
| 1. What is your name? | 1. <u>Gordon Vivian</u> |
| 2. What is your full Address? | 2. <u>Great Island</u>
<u>B. Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years <u>1</u> Months |
| 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> |
| 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, Gordon Vivian 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.

Gordon Vivian SIGNATURE OF RECRUIT.

18.8.15 Frank C. G. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Gordon Vivian 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 18 day of May, 1915.

Signature of Attesting Officer C. B. Brinkes 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 complied with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date 18 May 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

5152

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

Name Jordan Murray
 Apparent age 20 years 1 months. Height 5 feet 3 1/2 inches
 Chest Measurement { Girth when fully expanded 33 inches
 { Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Murray
Pat Island B.I. | Relationship Brother
 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'cop	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 present engagement reckons from <u>18-5-18</u>									
Joined at <u>St. Helier</u> on <u>10-24-18-1918</u>									
Discharged August 4 1919									
<u>(D)</u>									
Embarked <u>St. Helier</u> SS. <u>Columella</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
To be superannuated for demobilization <u>24-6-1919</u>									
Arrived to superannuation <u>1-7-1919</u>									
Demobilization <u>St. Helier</u> <u>11-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge) <u>1</u> years <u>86</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5152

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.

5152, Pte. Gordon Vivian.

C.R. 5152

Extract from Daily Orders Part 11 Unit the Royal Field.
Regt. St. John's, July 16th, 1919

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

5152 Pte. G. Vivian.

C.R. 5152

Extract from Daily Orders Royal Artillery (The Royal Field.
Regt. St. John's, July 2nd, 1919.

5152 Pte. G. Vivian.

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

C.R. 5152

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

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

#5152 Pte. Gordon Vivian.

Extract from Daily Orders part 11, from Unit The Royal Bfld.
Regt. St. John's, dated May 20th, 1918.

#5152 Pte. Gordon Vivian.

Attested for General Service with the Royal Bfld. Regt.
from 18.5.18.

J. L. Kuran

C.R. 5152

P. L. O.

No 5413/801

N.F.I./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regt.

Winchester

7th April 1919

5152 Pte Vivian G.

With reference to the following
telegram from the Minister of
Militia / / (122)

"Pay to- 5152 Vivian G.

£5. 0. 0.

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

Chief Paymaster & O. I/c Records.



April 9th 1919

Receipt hereunder

Lieut. Colonel,
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.
Officer Commanding

Received the sum of Five Pounds

in respect of
telegraphic remittance from the
Minister of militia.

G. Vivian
No. 5152 Rank Private
Witness W. Barnes

8405
8360/1566

PD 100142



NEWFOUNDLAND CONTINGENT JUN 1919

Ch. 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
Winchester. Hants.

5th June 1919

5152 Pte. G. ^{Vincian} Vincent

With reference to the following
telegram from the Minister of
Militia / / 19 (219):

"Pay to- 5152 G. ^{Vincian} Vincent £3.-
£3. 0. 0.

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

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

6th June 1919.

Receipt hereunder of *Stamp*

LIEUT. COLONEL,
COMMANDING 2ND BATT. RYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt. R.

R. C. R.

Received the sum of Three Pounds
in respect of
telegraphic remittance from the
Minister of Militia.

G. Vincian
No 5152 Rank Pte

Witness: W. R. Hodges

Urian, J.

5152

Ray Sept.

August 14, 1919

#5152 Pte. Gordon Vivian
Flat Island, S.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3757.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5152 Rank. Pte Name V. Lorian S
 Intended place of residence Flat 22A Bonaventure

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

L. Mrs 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

G. Lorian
 Signature of soldier

M. Johnston
 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

G. Lorian
 Signature of soldier

James O'Sullivan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No. of days on Military
 Discharged from service JUL 28 1919 Plus 14 days Service 451

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date

JUL 28 1919

N.R. Poole Capt.
 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 Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

AM 207 512757

14
30
31
11

The Royal Newfoundland Regiment

Class for Demobilization: —

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 12/19

Regimental No. *5153*

Name

Yunan Gordon

Address

Flat Island N.B.

Present Medical Category

A1

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

H. Adams
Senior Medical Officer

Geo. Burdett
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5122 Rank Plt Name Thomas G. [unclear]
 Date of Enlistment 18-5-18 Address Flat 2, [unclear] District Dunrobert
 Occupation Fisherman Classification for Discharge 1 Medical Category H1
 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.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

G. P. [unclear]

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

O i/c. Re-clothing.

Date 14-7-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2422 to his home at Flat 922 and Release Certificate No. 3601 issued.

Date 14-7-19 *M. S. Smith*
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 *M. S. Smith*
Depot Paymaster.

Discharge approved for 25-7-19

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.	/
F 178a	/ D 400A	/ B 1915	/	do 2nd	" 3.	2 Form B
D 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
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

Date 6161 82 7111 *R. R. Cooke 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,

Vivian G

Signature of Man.

McClonahan

Reg. No. 515-2

Signature of the Vocational Officer or his Representative.

Place

ST. JAMES

Date

14-7-19

191

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

MEDICAL HISTORY

Surname Wivson

OF

Christian Name Pardon

Table I.—GENERAL TABLE.

Birthplace:—Parish Flat Island, Nfld.County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	18 th day of May 1918	at St John's	day of	191
Declared Age	20 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 3 ⁴	inches	feet	inches
Weight	111	lbs.		lbs.
Chest Measurement	Girth when fully expanded... 33 inches		inches	
	Range of Expansion... 3 inches		inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R. E.—V= 6/6	L. E.—V= 6/6	R. E.—V=	L. E.—V=
	(a)	(a)	(a)	(a)
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	James Davidson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St John's	at		
	on 18 day of May 1918	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal Nfld Regt 1152			
Transferred to	Nfld Regt			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				



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 *Vivian, Gordon*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5152*

Intended address *4 Cat Is. B.B.*

Height on discharge *5* Feet *4*

Color of hair on discharge *Black.*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Short*

Christian name of Father *(Dead)*

Christian name of Mother *(Dead)*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Greenford, Aug 20, 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)

ST. JOHN'S.

Gordon Vivian

(Rank) *Pte*

Station

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 x(via.), 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* } Former Trade } *Submarine*
or Occupation }
2. Regt. No. *2722* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Yvian* } (a) Former Regts. or Corps; }
(Surname) } with Regt. No. }
5. Age last birthday. *21* } (Christian Names) }
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 (b) Where (c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

He Complains 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 ?

Repatriation

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.

W. E. Proemier, Capt Rame
 Medical Officer in charge of case.

Station *Lazley Down*

Date *2/14/19*

* 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

August 18, 1916

Mr. Gordon Vivian,
Flat Island, B.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 *Gordon* 2. Surname *Bryan*

3. Rank *Plt. Lt.* 4. Regtl. No. *5152*

5. Address in full to which future payments of gratuity are to be forwarded. *Flat Island, B.B.*

6. Date of enlistment in the Regiment. *March 17/18*

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 Hfld. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *From March 17/18 to July 14/18.*

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

No.

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

No.

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

No.

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

No.

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

No.

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

No.

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

19. Are you now serving in the Res? If not give:— (a) Date of discharge. (b) Reason for discharge.

No.
July 14/19
Discharged *Must be gazetted*

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.

his

Gordon X Twain
merck

Signature of Applicant:

Place of Residence:

Declared before me at

This

14th

day of

Flat # B.B.
St. Johns, Nfld.

July 19...

John M. Cooney

Signature of Registrar 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 Dependant.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Registrar	



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Gordon Vivian, Regl. No. 5152

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

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child or other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4649	Wife	Robert Pike	Flat Blands Oranien Bay	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.) H. Hammett
 Officer Commanding
B Company
June 29 1918

(Sig.) Gordon Vivian
 (Rank) Rt

9
Squadron, Troop, Battery and Company. Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
30.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. Dicks Lieut

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>Ninian Gordon</u>	Age on	<u>Fireman</u>			
<u>5152</u>		<u>20</u> years <u>1</u> months				Religion
Joined		Date				<u>Meth.</u>
Joined		Date				
Joined		Date				
Joined	Date	Place of Birth				
Joined	Date	Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3 1/2</u> years.	<u>Flat Island B.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 St John's 11 5/79</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

9554

DEMOBILIZATION OF

Reg. No. 5102 Rank Plt. Name Virian G.
 Date of Enlistment 18-5-18 Address St. John's District St. John's
 Occupation Postman Classification for Discharge E1 Medical Category A1
 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 1916	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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

G. Virian

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$ 6.00
- (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. R2422 to his home at flat 958d and Release Certificate No. 3601 issued.

Date 14-7-19 *[Signature]*
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 *[Signature]*
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 265	B 114	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		

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

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

Date Aug 7/19 *[Signature]*

Reg. No. 5152 .. 96 .. Name Vivian G.

Attested 11 lat sold

Allotment

Date of 1919

Returned Discharge

147 14 PASSED TO DEMOBILIZATION OFFICER
287 19

DISCHARGE APPROVED ON DEMOBILIZATION

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 F., 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 Coy* } Former Trade or Occupation } *Gatekeeper*
2. Regt. No. *6152* 3. Rank... *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *W. W. W. W.* } (Surname) } (Christian Names) } (a) Former Regts. or Corps; with Regt. 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 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 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. *mt*
12. Place of origin of disability. *at*
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. *mt*

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 complainant 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?

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. Procuier *Capt. Rame*
 Medical Officer in charge of case.

Station *Hazely Brown*

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.