



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5150 Name Owen Vivian Corps CORP

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <u>Owen Vivian</u>    |
| 2. What is your full Address? .....  | 2. <u>Flat Island</u>    |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>            |
| 4. What is your age? .....   | 4. <u>26</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>            |
| 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, Owen 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.

Owen Vivian SIGNATURE OF RECRUIT.  
Joseph Pittman Signature of Witness.

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

I, Owen 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 and as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Flat Island on this 18 day of May 1918

Signature of Attesting Officer C. S. Dickson Leut.

### † 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.....191.....  
 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

5150

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

Name Awen Newcan

Apparent age 20 years     months. Height ✓ feet 6 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 1 1/2 inches

Distinctive marks    

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Bessie Hapgood Flat Island P.B. | Relationship Mother

### 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 liability engagement reckons from <u>18-5-18</u>									<div style="text-align: center; font-size: 2em; font-weight: bold;">D</div>
Joined at <u>St John's</u> on <u>May 18-1918</u>									
Discharged August 8/1919									
Embarked <u>St John's S.S. Columella to Halifax N.S.</u> <u>22-7-18.</u>									
To the superintendent for demobilization <u>24-6-1919</u>									
Arrived the superintendent <u>1-1-1919</u>									
Demobilization St John's 8-8-1919									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 (date of discharge) 1 years 83 days

Pensions [ " " ] " " "

C.R. 5150

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

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

5150, Pte. C. Vivian.

C.R. 5150

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt.  
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 25-7-19.

5150 Pte. O.Vivian.

C.R. 5150.

Extract from Daily Orders Part VI Unit The Royal Field Art.  
St. John's, July 23rd 1919.

5150 Pte. O.Vivian.

Reported at Headquarters 157519 ex "Cassandra" which sailed  
Glasgow 24th June, 1919.

C.R. 5150

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

The undermentioned man was admitted to Central Hospital,  
Chatam, (from Major Carty's draft from Mfld.) and discharged  
from Hospital on 19-8-18, reported at this office same date  
and was sent direct to Depot,Winchester.

5150 Pte.Vivian,O.

Authority:- Officer i/c. Records Mfld.Regt.

C.R. 5150

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.

#5150 Pte. Owen Vivian.

C.R. 5750

Extract from Telegram to Syn. from Mil dated Jan. 22nd., 1910.

In answer your telegram Jan. 21st., my telegram Jan. 18th.,  
should read 5150 Vivian.



C.R.

5750

Extract from Telegram from Synoptical, dated Jan. 21/1919.

In answer your telegram January 18th., verify carefully  
and report whether correct regimental particulars 5051

Vivian

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

#5150 Pte. Owen Vivian.

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

D. Finnan

C.R.

5150

PAID



B  
No. 1694/242/P&A

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<sup>nd</sup> Bn. Royal Nfld Regt  
Hazeley Down Camp,  
WINCHESTER.

28th January 1919

5150. Pte Vivian.

With reference to the following  
telegram from the Minister of  
Militia 18/1/19 (605 )

"Pay to- 5150. Pte Vivian,  
£6 - 0 - 0

Cheque £6 - 0 - 0s enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

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

RECEIVED  
JAN 31 1919  
Receipt hereunder. *for*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. 2<sup>nd</sup> Batt'n.

Received the sum of *£6* pounds  
in respect of

telegraphic remittance from the  
Minister of Militia:

*Vivian*  
No. *5150* Rank *Private*

Witness *M. Bockett*

Vivian, D.

5150

Ray Sept.

August 8th 1919.

#5150, Pte.O.Vivian,  
Flat Island B.B.

Dear Sir:

enclosed please find Discharge Certificate  
# 3648.

Yours truly,

Capt.&  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5150 Rank Pte Name Jurvan W.  
 Intended place of residence Deat Dals

2. Occupation fisherman  
 Classification of soldier 2 Medical Category AI

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 11 1919

*[Signature]*  
 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 11 1919

*[Signature]*  
Signature of soldier

*[Signature]*  
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 11 1919

*[Signature]*  
Signature of soldier

*[Signature]*  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 18.5.18 No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 448

### 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 20 1919

*[Signature]*  
 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 8/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

14  
30  
31  
8  
83

2173 20791 3648



# 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

*10.7.19*

Regimental No. *5150*

Name

*Divian Owen*

Address

*Flat Island BB*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

*R.H. Last Major*  
O.C. Discharge Depot.

*J.P. Atkinson*  
Senior Medical Officer

*See Berdece*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5130 ..... Rank. Plt. ..... Name Vivian, H. .....  
 Date of Enlistment 18.5.18 ..... Address Hart, 404 ..... District Bourville .....  
 Occupation Fisherman ..... Classification for Discharge Ey ..... Medical Category A .....  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P136.....	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.....	<u>72-1</u>	" 6.....
B 179c.....	B 120.....	M 93.....	<u>206-1</u>	

Date 10-7-19 .....

*H. M. St. J.*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am        in a position to resume civilian occupation.

*O Vivian*

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 .....

*H. M. St. J.*

Date 11-7-19 .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **82319** to his home at **Flat 95d** and Release Certificate No. **3464** issued.

Date **11-7-19**

*J.A. Snowcraft*  
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 **8-8-19**

Date **11-7-19**

*J.A. Snowcraft*  
Depot Paymaster.

Discharge approved for **25-7-19**

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	2 Form B
B 178a	1 D 400A	B 1915	1	do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		<b>172-1</b>	" 6	
B 179c	B 120	M 93		<b>256-1</b>		

Date **11-7-19**

*J.A. Snowcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**JUL 25 1919**

**Eligible for War Service Gratuity**

Date .....

*H.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.

*O Vivian*

Signature of Man.

*J. A. Snowcraft*  
Signature of the Vocational Officer or his Representative.

Reg. No. 5150

Place

*St. John*

Date

*11-7-19*

191

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

# MEDICAL HISTORY

Surname Vivian OF Christian Name Dwen

Table I.—GENERAL TABLE.

Birthplace:—Parish Flat Island Pt. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	18 day of May 1918	S. Johns		
Declared Age	50 years	days		
Trade or Occupation	Fisherman			
Height	5 feet 6	inches		
Weight	130	lbs.		
Chest Measurement	Girth when fully expanded	35 1/2 inches		
	Range of Expansion	4 1/2 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/10	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>Lamm Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			
Enlisted	at	S. Johns	at	
	on	18 day of May 1918	on	
	Corps.		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	<u>The Royal Nfld Regt</u>			
Transferred to	<u>1150</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Det Pitt Chalkan	8	8	18	14	8	18	<i>typhoid</i>	11	<i>No complications</i>	
<i>Geogdale Camp Staff</i>	18	5	19	22	5	19	<i>gonorrhoea</i>	8	<i>Resolved with gonorrhoea with sci. removed</i>	<i>C. D. Hall CAPT. R.A.M.C.</i> <i>C. D. Hall CAPT. R.A.M.C.</i>



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 Household* 7. Former Trade or Occupation } *Tradesman*
2. Regtl. No. *5750* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. Name *Woolan* *Woolan*  
(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  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to 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 .. .. .                | <i>u</i>            |                   |
| (ii.) Previous active service.. .. .                       | <i>u</i>            |                   |
| (iii.) Climate in pre-war service .. .. .                  |                     |                   |
| (iv.) Ordinary military service before the war .. .. .     | <i>u</i>            |                   |
| (v.) Serious negligence or misconduct on the man's part. } | <i>u</i>            |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

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

15. What is his present condition ?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*The complainant of no disability*

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

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

*Repatriation*

*W. E. Proemier. Capt. R.A.M.C.*

Medical Officer in charge of case.

Station *Hazebrouck*

Date *3/11/19*

\* 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.



## 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 *Owen Vivian*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5750*

Intended address *Flat. Island*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Sark*

Color of eyes *Brown*

Descriptive Marks           

Figure on discharge *Medium*

Christian name of Father *Sead*

Christian name of Mother *Bessie*

Wife's maiden name in full           

Date and place of marriage           

Christian names of children           

Place and date of soldier's birth *Squid, table, 31-1- age 21 1898*

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) *Owen Vivian.*

(Rank) *O/E*

Station

**ST. JOHN'S.**

Date

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.

Date

MEDICAL TRANSFER CERTIFICATE. (To accompany a Man Transferred from one Hospital to another).

Army Book 172.

UNIVERSITY COLLEGE

Extract from Admission and Discharge Book of..... HOSPITAL..... Hospital at... *Green St. U.C.* Date... *26.3.19*.....

MEDICAL CERTIFICATE BOOK.

London: Printed for H.M. Stationery Office by Tee & Whitten and J. Mead, Ltd.

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
<del>1</del> 2	<i>R. Newfd<sup>ld</sup></i>		<i>3</i> <i>8</i> <i>2</i> <i>1</i>	<i>Thomas A.</i> <i>Pte</i>	<i>19</i>	<i>2<sup>yr</sup></i>	<i>9</i> <i>12</i>	<i>30</i> <i>x 11</i> <i>18</i>	<i>26</i> <i>3</i> <i>19</i>	<i>C</i> <i>9</i> <i>2</i>	<i>set</i> <i>Legs</i>	<i>Caux Hosp</i>

State whether the Patient

- (a) Was transferred from an Expeditionary Force..... *French*
- (b) Has already been granted 10 days furlough..... *ya*
- (c) Was admitted whilst on short leave from Overseas.....
- (d) Was admitted from a Home Service Unit.....

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

*multiple septa ulcers*  
*not fissured*  
*following impaled*  
*barren nail*

CAPT. R. A. M. C.  
M. O. in Charge

*S. J. H. [Signature]*  
Medical Officer in Charge.

Recommended for transfer  
to Dept.

C. M. Anderson (and)

22-5-19

To be Discharged from Hospital ~~to-morrow.~~

Unit.	Squadron battery, or company	Regtl. No.	Rank and Name.	
27th Regt.	B.	5150	Plt	Vivian O.  Capt. [Signature] Capt. [Signature]



LT. COLONEL,  
OFFICER IN CHARGE

August 191919

Mr. Owen Vivian,  
Flat Islands, 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..... *Owen* ..... 2. Surname..... *Lucan* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *5150* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Rat Islands R.B.* .....

6. Date of enlistment in the Regiment..... *May 18/18* .....

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 months* ..... 1.  $\frac{2}{2}$  .....

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 Regt? *no* If not give:- (a) date of discharge *July 28/18* (b) Reason for discharge

*Remob*

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: *Owen Vivian*  
 Place of Residence: *Flat Islands B.B.*  
 Declared before me at: *St Johns*  
 This 11 day of *July* 19...*48*....

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

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



9

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39

Number of Sheet 1

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

*C. D. Dickson*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
<i>5150</i>	<i>Norman Owen</i>		<i>20</i>	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment		Religion	
		<i>St John's</i>	<i>18-5-18</i>	<i>R.C.</i>	
Joined	Date	Period of	with Colours } <i>18</i> years. with Reserve } <i>3/4</i> years.	Place of Birth	
				<i>Flat Island. P.P.</i>	

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

To be carried over.

# The Royal Newfoundland Regiment

95150

## DEMOBILIZATION OF

Reg. No. 5150 Rank Private Name Viriam U.  
 Date of Enlistment 18.5.18 Address West End District Bermuda  
 Occupation Submarine Classification for Discharge F. Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36	B 269	B 121	1	N.F. Med.	D.F. 1.	1
B 178	W 3494	B 122		Board 1st	" 2.	
B 178a	1. D 400A	B 1915	1.	do 2nd	" 3.	1/4
B 179	D 400B	Form L		do 3rd	" 4.	
B 179a	1. D 400C	Form K		do 4th	" 5.	
B 179b	B 103	ME 2			" 6.	
B 179c	B 120	M 93		172-1		
				256-1		

Date 10-7-19

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

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*Viriam U.*

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 \_\_\_\_\_

Date 11-7-19

*[Signature]*  
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. **72319** to his home at **Flat 9/d** and Release Certificate No. **3464** issued.

Date **11-7-19**

*J. H. Snowcraft*  
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

Date **11-7-19**

*F. H. ...*  
Depot Paymaster.

Discharge approved for **25-7-19**

Forwarded with following documents to O.C Discharge Depot.

N.F. P]26	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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	173-	" 6
B 179c	B 120	M 93	250-	

Date **11-7-19**

*J. H. Snowcraft*  
Demobilization Officer.

APPROVED.

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

JUL 25 1919

Eligible for War Service Gratuity

Date .....

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

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

Date **Aug 7/19**

*[Signature]*

Reg. No. 5150 Rank Pfc Name Vivian, O.

Attested ..... Address Flat Island

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

Date of Allotment ..... Returned from Overseas 11/1 1919

Returned on S.S. Cassandra Cause Discharge

11/7/19

2/7/19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

C.R. 150  
Arms B. 199A

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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5150* 3. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Verian* *Cover*  
(Surname) (Christian Names)
5. Age last birthday. *29*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

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

*No Complaint of No Disability*

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

20. Do you recommend—

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

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

*Repatriation*

Station *Family Down* .. .. .

Date *2/4/19* .. .. .

*W.E. Procmier* *Capt. Ramm*  
 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