



THE ROYAL NEWFOUNDLAND REGIMENT

N

No. 5481 Name Victor Wier Corps Medth.

ATTESTATION OF
Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Victor Wier.</u> |
| 2. What is your full Address? | 2. <u>Little Bay Sld.</u> |
| 3. Are you a British Subject? | 3. <u>Yes.</u> |
| 4. What is your age? | 4. <u>17</u> Years <u>5</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, Victor Wier 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.

Victor Wier SIGNATURE OF RECRUIT.
Pte. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Victor Wier do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27 day of May 1918

Signature of Attesting Officer Esdricks 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.....191..... } 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

5481

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

Name Victor Weir
 Apparent age 19 years _____ months. Height 5 feet 8 1/4 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 5 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Therophilus Weir
Little Bay Sd. | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards limited engagement reckons from <u>27-5-18</u>										
Joined at <u>St. John's</u> on <u>27-1918</u>										
Discharged <u>July 10/19</u>										
<u>Embarked St. John's St. Louisville to Halifax N.S. 27-5-18</u>										
<u>to Newfoundland for demobilization 22-5-19</u>										
<u>Arrived Newfoundland 1-6-1919</u>										
<u>Demobilization St. John's</u>										
10-7-1919										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>10-7-1919</u> (date of discharge)										
Pensions " " " " " "										

1 years 45 days

V Weir

C.R. 5481

1810

C.R. 5481

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.

St. Jean's, July 16th, 1919.

The discharge of the Undernoted on demobilization has been ~~REFERRED~~
CONFIRMED by Officer I-C Records from 18-7-19

5481 Pte. Victor Weir.

C.R! 5781

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 14th, 1919.

5481 Pte. J. Weir.

Reported to Headquarters 1-6-19 EX. "Corstvan" which sailed
Liverpool 22-5-19.

C.R. 5481

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 26-6-19.

5481 Pte. J. Weir.

C.R. 5481

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

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

#5481 Pte. Victor Weir.

C.R. 5481

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 29, 1918

#5481 Pte. Victor Weir .

Attested for General Service with the Royal Nfld. Regt.
from May 27, 1918

5733

No. ~~2070~~/567



N.F.P./79.

FROM: NEWFOUNDLAND

CONTINGENT

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

To: Officer Commanding,
 2nd. Batt. Ryl. Hfld Regt.
 Winchester.

P.D. 0 64 13 915
7/2/19

March 7th 1919

5481 Weir. Pte. V

March 10th 1919
Receipt hereunder.

With reference to the following
 telegram from the Minister of
 Militia / / (67)

for **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
 Officer Commdg. Batt n.

"Pay to- 5481 Weir

£ 8 - 4 - 0

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

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

F. H. Marshall
 Chief Paymaster & C. i/c Records.

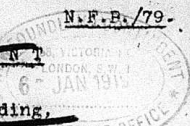
V. H. H. H. H.
 No. *5481* Rank *Pte.*
 Witness *W. Hockett*

B

No. 21601/2488/P.&.A

21601/2488
21601/2488

N.F.B./79



NEWFOUNDLAND CONTINGENT

From:

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

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

30th December, 1918

2 - 1 - 1919

Subject: 5481 Pte. V. Weir,

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

Receipt hereunder.

Receipt

"Pay to 5481 Weir, £4.2.0.

Draft £4.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Officer Commanding, 2nd Bn. ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONEL,
2nd Bn. ROYAL NEWFOUNDLAND REGT.

Received the sum of Four Pounds
2 shillings on account of
cable remittance from Newfoundland.

J. H. Maunders
Chief Paymaster & O. 1/c Records.

V. Weir
No. 5481 Rank Pte
Witness A Maunders

18

Weir, Victor

5481

Ray Leoph

July 10, 1919

#5481 Pte. Victor Weir,

Little Bay Islands.

Dear Sir:-

Please find enclosed Discharge Certificate

"c.2894.

Yours truly

Paymaster & Officer i/c Records
Captain,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5481 Rank Pte Name W. J. Weiss
 Intended place of residence Little Bay Falls
2. Occupation Fisherman
 Classification of soldier A Medical Category A1
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 JUN 12 1919
 Date ST. JOHN'S
J. M. West
 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 and date ST. JOHN'S
JUN 12 1919
J. M. West
 Signature of soldier
J. M. Snowlett
 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 and Date ST. JOHN'S
JUN 12 1919
Victor J. Weiss
 Signature of soldier
W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-5-18 No of days on Military
 Discharged from service JUN 26 1919 Plus 14 days Service 408

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
JUN 26 1919
Rt. Lt. Major
 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, Nfld.
 Date July 10/1919
J. M. Snowlett
 Officer in Charge
 The Royal Newfoundland Regiment

2029/2894

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 *10.6.19*

Regimental No *5481*

Name *Hair, Victor*

Rank *Pte*

Address *Little Bay Island*

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge

(b) Standard Medical Board

Members of Board

R.H. Lat
O.C. Discharge Depot.

L. H. ...
Senior Medical Officer

T. W. ...
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5481 Rank PLC Name Weir V
 Date of Enlistment 29 5 18 Address Little Bay Falls District Langley
 Occupation Industrious Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 10.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Victor Weir
Mark lost to factory

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 12-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. A. 1740 to his home at Little Bay, I.S.L. and Release Certificate No. 2647 issued.

Date

12-6-19

J.A. Snowball
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 26-6-19.

Date

12-6-19

J. H. Newslett
Depot Paymaster.

Discharge approved for

26-6-19

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

N.F. P/36	B 288	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
B179c	B 120	M 93		

2 Form B

Date

12-6-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 26 1919

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former occupation.

W. J. G.

Signature of Man.

J. P. Snowdopt

Signature of the Vocational Officer or his Representative.

Reg. No. *3481*

Place

St. John

Date

JUN 11 1919

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

MEDICAL HISTORY

OF

Surname Wain Christian Name Victor

Table I.—GENERAL TABLE.

Birthplace:—Parish Little Bay Islands County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	29 th	May 1911		1911
Declared Age	19	years		days
Trade or Occupation	Fisherman			
Height	5	feet 8 ¹ / ₂		inches
Weight	138	lbs.		lbs.
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		4 5/8	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>St. John's</u>	at	
	on	29 th day of <u>May</u> 1911	on	day of 1911
		Corps.		Corps.
Joined on Enlistment		<u>Royal Nfld. Regiment.</u>		Regtl. No.
				<u>5481</u>
Transferred to				
Became non-effective by	on	day of 1911	on	day of 1911
(Signature)				
(Rank)				

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 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 New Forest Coy* } Former Trade or Occupation } *Fireman*
2. Regt. No. *5481* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *W. W. S.* } *Victor* } (a) Former Regts. or Corps ; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge ;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

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

The complainant of no of no disability

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

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

Repatriation

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

W. E. Proctor, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley Barr*

Date *3/4/19*

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



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 *Victor Wain*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5481*

Intended address *Little Bay, Island, Nfld.*

Height on discharge *5 Feet 8½*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father *Theo.*

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Little Bay Island, 25th March 1899*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Victor ^{the} Wain*

Pte.
(Rank)

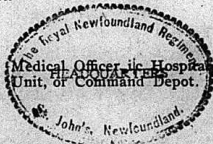
Station **ST. JOHN'S**

Date *10/6/19*

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.

Station

Date



July 12, 1919

#5481 Pte Victor Weir,

Little Bay Islands.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster & O.I.C. Records

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... *Victor* 2. Surname... *Harris*

3. Rank... *Private* 4. Regt. No... *5481*

5. Address in full to which future payments of gratuity are to be forwarded... *Little Bay Island, Water Lane Bay*

6. Date of enlistment in the Regiment... *May 7th 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...
not applicable

8. Relationship of such dependents... *not applicable*

9. Address in full of such dependents... *not applicable*

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 Mfld. If so, give dates and particulars of such service... *not applicable*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *One year one month and Twelve days* 13

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

Not applicable

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?

Not applicable

19. Are you now serving in the Regt.?
of discharge. *June 12th 1919* (b) Reason for discharge.

no

Deserted

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.

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 - 'B' 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.

Signature of Applicant: *Victor X Weir*^{his}
 Place of Residence: *Little Bay*^{mark.} *Islands* N. D. Bay -
 Declared before me at: *St Johns*
 This *12*th day of *June* 19*17*....
Robert also p

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

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Not amount
	Soldier.	Dependent.	Gratuity.	due

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

Certified correct.

Paymaster

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 } Former Trade or Occupation } Fisherman
2. Regtl. No. 1001 3. Rank. plc 7a. If the soldier claims previous service in Army, he should state—
4. Name W. E. Victor } (a) Former Regts. or Corps ; }
(Surnames) } (Christian Names) } with Regtl. Nos.
5. Age last birthday. 20
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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- not at A*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

No complaints of no disability

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

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed ? If so, when and what was its nature ?

17. If not, was an operation advised and declined ?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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. Proenier. Capt. R.4MC

Medical Officer in charge of case.

Station .. *Hazleydown*

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.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



OCT 20 1921

1921.

The accompanying ~~Victory Medal~~ **British War Medal**

is/are forwarded herewith to

Victor Weir

in respect of his service as No. 5481 Rank Pte.

Name V. Weir Royal Nfld. Regt.
~~Nfld. Fusiliers Corps.~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Victor Weir

Date October 25th / 21

Address Little Bay Island

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet *one*

Signature of O. C. Company *C. P. Phipps*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5487</i>	Age on	<i>19</i> years <i>0</i> months	<i>Fisherman</i>		
Joined _____ Date _____		Place and Date of Enlistment	<i>St John's</i>	Religion		
Joined _____ Date _____		Period of	with Colours <i>1 1/2</i> years	Place of Birth		
Joined _____ Date _____					with Reserve <i>3 1/2</i> years	<i>Methodist</i>
				<i>Little Bay Island</i>		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hazelby Camp</i>	<i>2.9.18</i>	<i>Pte</i>		<i>Losing belt.</i>	<i>L. C. Chipman</i>	<i>Pay for same</i>	<i>4/9/18</i>	<i>Captain Phipps</i>	<i>W.P.</i>
<i>" "</i>	<i>3/10/18</i>	<i>"</i>		<i>Duty on Parade</i>	<i>Son Taggart</i>	<i>2 days C.P.</i>	<i>4/10/18</i>	<i>Capt. Phipps</i>	<i>USA.</i>
				<i>Demobilized</i>	<i>St John's</i>	<i>10-19</i>			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5481 Rank Plt Name Weir V
 Date of Enlistment 29.5.18 Address Little Bay, St. John's District St. John's
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. F. 136	B 288	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 170c	B 120	M 93		

Date 10.6.19 J. H. Mans H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Victor ^{his} Weir
Mark Weir of St. John's

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 Chubb & Co. St. John's

Date 12-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1740 to his home at Little Bay, I.S.S. and Release Certificate No. 2647 issued.

Date 12-6-19 *J. A. Snowball*
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 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ADCT.

Date 12-1-19 *H. Mustard*
Depot Paymaster.

Discharge approved for 26-6-19
Forwarded with following documents to O. C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form B

Date 12-6-19 *J. A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity
R.H. Sait Capt.

Date JUN 26 1919
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot
Date June 19/19 *J. A. Snowball*
for Records

Reg. No. *5481* Rank *Pfc* Name *Wesley V*

Attested Address *Little Bay Ids*

Allotment Allottee

Date of Allotment Returned from Overseas *1-6-19*

Returned on S.S. *Corsecan* Cause *Discharge*

11-6-19
26-8-19

~~PASSED TO DEMOBILIZATION OFFICER~~
DISCHARGE APPROVED BY DEMOBILIZATION

Reg. No. 5481 Rank Pte Name Wier, V 8

Attested 27-5-18 Address Little Bay Is. T. A. B.

Allotment 605 Allottee Mr. & Mrs. Mary Mother

Date of Allotment 1/8/18 Returned from Overseas

Embarked for Overseas JUL 22 1918 Cause

Cmd Inc 47-18, 3rd Inc 10-7-18

A.L. 16/18 - 24/18 R.L. 28/18