



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5324 Name Gilbert Goodwin Corps meth.

Questions to be put to the Recruit before Enlistment.

- | | |
|---|--|
| 1. What is your name? | 1. <u>Gilbert Goodwin</u> |
| 2. What is your full Address? | 2. <u>179 Melbourn</u>
<u>Streaty Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>farmer</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, Gilbert Goodwin 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.

23-5-18

Gilbert Goodwin SIGNATURE OF RECRUIT.
W. Coughlin Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Gilbert Goodwin 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 Streaty Bay on this 23rd day of May 1918

Signature of Attesting Officer W. Coughlin

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the

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

Date 1918 } 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

5324

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

Name Gilbert Goodwin
 Apparent age 19 years — months. Height 5 feet 8½ inches
 Chest Measurement { Girth when fully expanded 35½ inches
 Range of expansion 3½ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Goodwin
New Melbourne S. B. | 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limit of engagement reckons from <u>22.5-18</u>									<u>Lance Corp 17-19</u>
Joined at <u>St John's</u> on <u>May 22-1918</u>									
Discharged <u>July 11-1919</u>									
<u>Embarked St John's S. B. Columbus to Halifax N.S. 22-7-18.</u>									
<u>Embarked for B.C. 23-11-18. Disembarked St John's 25-11-18</u>									
<u>Joined Battalion 5-1-1919. Transferred from Reserve 22-4-19. Awarded Medal 23-4-19.</u>									
<u>Left for demobilization 22-5-19. Arrived St John's 1-6-1919.</u>									
<u>Demobilization St John's 11-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 11-7-1919 [date of discharge] 1 years 51 days
 " " Pensions " " " " " " " " " " " "

C.R.
5324

Extract from Daily Orders Part 11 Unit The Royal Field. Artillery
France 21-4-19.

Promotions.

5324 Pte. G. Goodwin

to be L/Cpl. 17-4-19.

C.R. 5324

extract from daily orders part II Royal Newfoundland Regiment
depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has
been CONFIRMED by officer i/c Records from noted date
8-7-19.

5324, Pte. Gilbert Goodwin.

C.R.

5324

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 28th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge depot with effect from 27-6-19.

5324 B/cpl. G. Goodwin.

C.R. 5324

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

5324, L/C. G. Goodwin.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5324

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 25/4/19 and reached
Hazeley Down Camp 23/4/19.

#5324 L/Cpl. G. Goodwin.

C.R. 5324

Extract from Nominal Roll of Draft No. 56, from the 2nd.,
Battalion of the Regiment, Winchester to the 1st., Battalion
of the Regiment, B. E. F. Embarked Southampton 25/11/18.

#5324 Pte. G. Goodwin.

C.R. 5324

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

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

#5324

#5324 Pte. Gilbert Goodwin.

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

#5324 Pte. Gilbert Goodwin.

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

H. Hoodwin

C.R. 5524

1810

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 *H. Regt. Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *53rd* 3. Rank. *S. Lt. Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Goodwin* *Libbert* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regt. Nos.
5. Age last birthday *20*
6. Posted for duty on *May 27/18* at *St. Johns*
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 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. *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? } na.

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.)

He complains of no disability-

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
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? na.
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? na.

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. Proenier

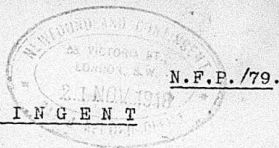
Capt R.L.M.C.

Station *Harley D. Camp*
 Date *30-4-19*

Medical Officer in charge of case.

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

No. 18524/2050



From:

NEWFOUNDLAND CONTINGENT

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

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

16th November 1918

Nov. 18th 1918

Subject: 5324, Pte. G. Goodwin,

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

Pay to 5324 Goodwin £3:2:0

Draft £ 3:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

W. Hunt

Chief Paymaster & O. i/c Records.

Receipt hereunder.

Cham LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt n
Royal Newfoundland Regiment

Received the sum of Three pounds
two shillings on account of
cable remittance from Newfoundland.

G. Goodwin

No. 5324 Rank Pte.

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

Goodwin, G.

5324

May & Sept.

July 12, 1919

#5324 L/C. Gilbert Godwin,

New Melbourne, T.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & C.i/c Records

DEPARTMENT OF MILITARY.

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 20th. 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 *Gilbert*..... 2. Surname *Goodwin*.....
3. Rank... *Lance Corporal*..... 4. Regt. No. *5024*.....
5. Address in full to which future payments of gratuity are to be forwarded. *Gilbert Goodwin - New Melbourne - Trinity Bay*.....
6. Date of enlistment in the Regiment. *22nd May 1918*.....
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 dependent. *Father*.....
9. Address in full of such dependents. *George G. Goodwin - New Melbourne - Trinity Bay*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *NO*.....
11. Were you on active service only in H.M.I. If so, give dates and particulars of such service. *England August-1918*.....
France November 18 - Germany January 1919.....
12. Give total length of time which you served on active service, whether in H.M.I. or Overseas. *From 22nd May 1918 to 26th June 1919*.....

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

..... *no*
..... *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*
..... *no*

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.?..... If not give:- (a) date of discharge.....

26 June 19 (b) Reason for discharge.....
Demobilization

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....

..... *not in any action of war*

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: *Gilbert Goodwin*
 Place of Residence: *New Melbourne Trinity Bay*
 Declared before me at: *St John's*
 This *26th* day of *June* 19*19*....

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

W. M. Guinness *JP*

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

July. 11, 1919

#5324 L/C. Gilbert Goodwin,

New Melbourne, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #2935.

Yours truly

Raymaster & O.i/c Records
Captain.

The Royal Mtd. Regiment

DEMOBILIZATION

No. 5374 Rank _____

Name _____

Madwin G

Warned for demobilization on

JUN 26 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5324 Rank Lt/Col Name Goodwin
 Intended place of residence New Melbourne Trinity
 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 26 JUN 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date JUN 26 1919
ST. JOHN'S
 Signature of soldier J. Goodwin
 Signature of witness J. A. Snow

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 JUN 26 1919
ST. JOHN'S
 Signature of soldier J. Goodwin
 Signature of witness James Cheomen

STATEMENT OF SERVICE

7. Enlisted for service 22-5-18 No of days on Military
 Discharged from service 27-6-19 **PLUS 14 DAYS** Service 416

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 27 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld
 Date July 11/1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

29/132079/2935

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 22.6.19

Regimental No. 5324

Name Goodwin Gilbert Rank L/C

Address New Melbourne P. B.

Present Medical Category A1

Recommended for: — { (a) Immediate discharge _____
(b) Standard Medical Board _____

Members of Board {

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

W. Passon
Senior Medical Officer

Redburn
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OFF

Reg. No. 532A Rank Lt Name Loedwin G
 Date of Enlistment 22.5.18 Address The Millstone District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category AL
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 208	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 25.6.19

O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. Loedwin G

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 26-6-19

O i/c. Re-clothing [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁸¹⁹⁷² ₈₀₀ to his home at Old Pelican and Release Certificate No. 3052 issued.

Date

26-6-19

J.A. Snow
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

21-6-19

H. M. ...
Depot Paymaster.

Discharged approved for

27-6-19

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

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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

26-6-19

J.A. Snow
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 27 1919

R.H. Sait MAJOR
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.

B. Goodwin

Signature of Man.

Reg. No. 5326

J. D. Crawford

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

26-6-19.

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

MEDICAL HISTORY

Surname Goodwin OF Goodwin Christian Name Gilbert

Table I. GENERAL TABLE.

Birthplace—Parish New Melbourne, N.S. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	27 day of May 1918	<u>S. J. Jones</u>		
Declared Age	19 years			
Trade or Occupation	<u>Fisherman</u>			
Height	5 feet 8 $\frac{1}{2}$ inches			
Weight	143 lbs.			
Chest Measurement	Girth when fully expanded	35 $\frac{1}{2}$ inches		
	Range of Expansion	3 $\frac{1}{2}$ inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/24 6/6	R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>T. J. Jones</u>			
(Rank)				
Enlisted	at <u>S. J. Jones</u>			
	on 27 day of May 1918			
Joined on Enlistment	<u>The Royal Nfld. Regt</u>	Regtl. No. <u>5324</u>		
Transferred to				
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 *Gilbert Goodwin*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5324*

Intended address *New Melbourne I.B.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*
Figure on discharge *medium*

Christian name of Father *George C.*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*
New Melbourne 5th Sept, 1899

Place and date of soldier's birth

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) *Gilbert Goodwin L/C.*
(Rank)

Station *St John's*

Date *24-6-19*

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.

Medical Officer i/c Hospital.
Unit, or Command Depot.

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 for 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. *Regt. Newfoundland*
2. Regtl. No. *324* 3. Rank. *S. Pl.*
4. Name *Goodwin Gilbert*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on *May 22/18* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Dist. Marine*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge;
(b) Where (c) Cause of Discharge.
(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 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil
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. }

} h a

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

h a

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 ?

h a

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

h a

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 ?

h a

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 ?

h a

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

Date

Sgt W F Proeminier Capt R.A.M.C. 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

Casualty Form - Active Service.

Regiment or Corps N. Newfoundland
 Rank Pvt Surname Goodwin Christian Name G.
 Religion Methodist Age on Enlistment 19 years — months
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation Fisherman Signature of Officer M. Long Capt

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		<u>28 NOV 1918</u>	
		Joined Batt.		<u>5 JAN 1919</u>	
	<u>P.O. Unit</u>	<u>To be L/Cpl</u>		<u>17/4/19</u>	<u>6213</u>
		<u>Arrived in UK</u>		<u>23/4/19</u>	

[Handwritten signature/initials]

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17691). Wt. W 1887-P 1124, 1,000,000, 6/18, D & S, Form B.103, (E, 1956)

Next of kin: Father: George Goodwin: New Melbourne: T. Bay: N. F. L. D.

5924

New Melbourne
Aug. 14th / 19

Dear Sir.

Sent you
a receipt of \$5.00 (five dollars)
which I paid for
driving from Old Peruvian
to New Melbourne when
I was coming back
from being demobilized
& didn't receive it
yet would be
obliged if you
would send it.

Gilbert

Goodwin
New Melbourne
Trinity Bay

we have a cheque here drawn
in favour of J. Purvey for driving
G. Goodwin from Old Peruvian to
New Melbourne.

R/H

AUG 29 21

5924

New-Orleans

Aug. 14th /19

Dear Sir,

I sent you
a receipt of \$5.00 (Five dollars)
which I paid for
driving from Old Perham
to Grand Old Perham
& was coming back
from being demobilized
& didn't receive it
yet would be
obliged if you
would send it.

Billie

Goodwin

New-Orleans

Unity Bay

we have a Cheque here drawn
in favour of J. Pursey for driving
G. Woodwin from Old Perham to
New-Orleans.

R/L

AUG 29 21

April 4th.1922

Ex-Pte. Gilbert Goodwin,
New Melbourne, T.B..

Dear Sir:-

In the process of cleaning up matters in this Department, I yesterday came across your letter of August 14th. 1919, which apparently has never been replied to.

I am enclosing a cheque for \$5.00 covering the matter mentioned therein. This cheque was originally made out to J. Bursey, as the certified bill received at this office from Headquarters read that way. We have been trying to locate the payee for the past three years, and I am glad to be at last in a position to arrange this long outstanding matter.

Yours truly,

Major
Paymaster

Old Peruvian
Sept 22nd / 70

Dept of Militia
St. John's
Dear Sir:

11443.

I beg to advise
you that the enclosed letter
does not belong to me, and
that I cannot find another
J. Bourne here, who does own it.
There is probably some mistake
in the initial.

Yours truly

James Bourne

CH 4973

1919-1920 ap



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

August 22, 1919

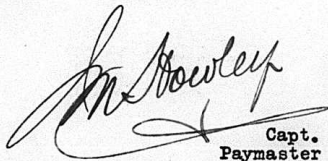
J. Bursey,
~~New Melbourne, T.B.~~

Old Pelican

Dear Sir:

I enclose herewith cheque for
\$5.00, amount due you for driving G. Goodwin
from Old Pelican to New Melbourne, T.B.

Yours truly,


Capt.
Paymaster

LM/

Enc. 1

THE ROYAL Nfld REGIMENT DR

To L/C. Goodwin # 5234,

To transportation from Old Perlican to St. John's....\$3.70
To do do New Melbourne to Old Perlican.3.00
To do do Old Perlican to New Melbourne.3.00

\$9.70

As per vouchers attached.

J. C. R.

CERTIFIED CORRECT,

E. K. W. Cooper Capt. Adj. C.

ACCOUNT	<i>Trans</i>
CH. NO.	<i>25186</i>
INITIALS	<i>EW</i>
IND. LEDGER	INIT - LS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS



G. Goodwin

JUNE 23rd

Received from L/c
G. Goodwin the sum
of \$2.00 from New
Melbourne to Old Perlican
Synd

Mr Ghesley

Driscoll

June 23rd

Received from L/C
et Goodwin the sum of
\$ 3.00 from Old Perlica
to New Melbourne

S ynd

Frank Burse

From OLD PERLICAN

Received

OFFICE STAMP

June 25/6/19

To

Delivered

Received from the Podium No 5234
 # 2 for 1st class class tickets to St John
 J. G. G. G.

J. C. G.

ST. JOHN'S, June 26/19

Royal Newfoundland Regiment.

Billeting Account,

To L/cpl G. Goodwin

Billeting Soldiers as undermentioned

from June 1/19 to June 22/19

5324 L/cpl G Goodwin 22 70

ACCOUNT	Btm
CH NO	24936. Rev
IND. LEDGER	INIT. S.
PAY LEDGER	INIT. S.
GEN LEDG.	INIT. LG.

Certified correct for \$ 22.70

Albert Goodwin

Billeting Officer.

Albert Goodwin

l.cpl.

ACCOUNT	
CH. NO.	4973
IND. LEDGER	
PAY LEDGER	
GEN LEDGER	

The Department of Militia.

The sum of *five Dollars* \$ 5.⁰⁰/₁₀₀ Dollars is due

Mr *J. Dewey New Melbourne* *B* *Army*

Reg. No. *5324* Rank *Sgt* Name *Adwin G*

From *Old Peulican* to *New Melbourne*

Voucher attached

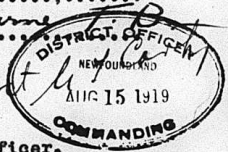
Cash for \$ 5.⁰⁰/₁₀₀

11-8-19

J. A. Snow

Captain

Demobilization Officer.



No. G : 800

TRAVELLING WARRANT

Date 26-7-49

The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 5324 Rank P/Plt. Name Goodwin - G.

From ~~ST. JOHN'S~~ To ~~New-Helbourne, Trinity~~

Old Terlican

~~The Royal Newfoundland Regiment~~
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. H. Snowless

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot-Newfoundland

July 1st 189;

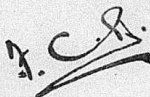
Paid to J. Bursey New Melbourne
for drawing the
sum of \$ 5.00. (five dollars) by

Gilbert Goodwin
New Melbourne.

Trinity Bay.

August 22, 1919

J. Bursay,
New Melbourne, T.B.



Dear Sir:

I enclose herewith cheque for
\$5.00, amount due you for driving G. Goodwin
from Old Pelican to New Melbourne, T.B.

Yours truly,

Capt.
Paymaster

LM/

Enc. 1

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 15 1921 1921.

The accompanying ~~Victory Medal~~ British War Medal
is/are forwarded herewith to

Gilbert Goodwin

in respect of his service as No. 5321 Rank Pte.

Name G. Goodwin Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Pte Gilbert Goodwin

Date Oct 19 1921

Address New Melbourne Trinity Bay

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal New Zealand and art Number of Sheet end
Signature of O. C. Company W.D. Dick

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5324 Goodman Gilbert</u>	Age on	<u>19</u> years <u>1</u> months	<u>Postman</u>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date	<u>22.1.18</u>	<u>Method</u>		
Joined		Date	Period of	Place of Birth		
Joined	Date	with Colours <u>15/36</u> years.	with Reserve <u>36</u> years.	<u>New Melbourne</u>		

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

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5324 Rank Lt Name Woodward G
 Date of Enlistment 22.5.18 Address New Melbourne District Trinity
 Occupation Fisherman Classification for Discharge E Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	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	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 25.6.19 O. C. Discharge Depot. H. J. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. G. Woodward

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 26.6.19 O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 41422 to his home at Old Perican and Release Certificate No. 3052 issued.

Date 26-6-19 *J.A. Brown*
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 21-1-19 *J.A. Brown*
Depot Paymaster

Discharge approved for 27-6-19
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		

Date 26-6-19 *J.A. Brown*
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

Date JUN 27 1919 *R.H. Sait* MAJOR
O. C. Discharge Depot.

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

Date July 9 1919 *J.A. Brown*

Reg. No. *1324*. Rank *Pfc* Name *William G.*
Attested Address *New Milford*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Loislan* Cause *Discharge*

26 6 19
27 6 19

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION.