



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5204 Name Vincent Grant Corps RC

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

1. What is your name? ..... 1. Vincent Grant
2. What is your full Address? ..... 2. Salmon's Bay
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 29 Years ..... Months
5. What is your Trade or Calling? ..... 5. Carpenter
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
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. Yes

I, Vincent Grant 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.

Vincent Grant SIGNATURE OF RECRUIT.  
[Signature] Signature of Witness.

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

.....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.....

on this 20 day of May 1915  
Signature of Attesting Officer [Signature]

### 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 May 20 1915  
Place [Signature] 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

5204

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

Name Vincent Grant  
 Apparent age 19 years ..... months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Grant  
Salmon Bay, Bay 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>20-5-18</u>									
Joined at <u>St. Louis</u> on <u>May 20-1918</u>									
<u>Discharged August 7-1919</u>									
<u>Embarked St. Louis S. S. Columbia to Halifax N.S. 22-7-18</u>									
<u>To Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. Louis 7-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge)					1	years	80	days	
Pensions [ " " ] " " " "									

C.R. 5204

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, ~~22-7-19~~ 15-7-19.

The discharge of the undermoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 24-7-19

5204 Ptr. V. Grant.

C.R. 5204

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, Aug. 16th, 1919.

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

5204 Pte. V. Grant.

C.R. 5204

Extract from Daily Orders Part III Unit The Royal Field. Regt.  
St. John's, July 2nd 1919.

5204 Pte. V. Grant.

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

C.R. 5204

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

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

#5204 Pte.Vincent Grant.

C.R. 5204

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

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

#5204 Pte.Vincent Grant.

C.R. 5204

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 21, 1918.

#5204 Pte. B. Grant

Attested for General Service with the Royal Hfld. Regt.  
from 20.5.18 to report 24.5.18



V Grant

C.R.

5204

1110



No. 21634/2517/P.&.A

2034 75 17  
066449



N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

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

30th December, 1918

2-1-1919

Subject: 5204 Pte. V. Grant,

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

"Pay to 5204 Pte. Grant, £3.6.0.

Draft £ 3.6.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*Chambers*  
LIEUT. COLONEL,  
COMMANDING OFFICER, ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

Received the sum of Three Pounds

Six Shillings on account of  
able remittance from Newfoundland.

Vincent Grant  
No. 5204 Rank Pte

Witness H. Manser

*F. H. Marshall*  
Chief Paymaster & O. i/c Records.

*B*

No 5767/839

N.F.F./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. Nfld. Regt.  
Winchester.

11th April 1919

5204 Pte V. Grant

With reference to the follow-  
ing telegram from the Minister of  
Militia (130)

"Pay to 5304 V. Grant.

£1. 16. D

Cheque £1. 16. 0 is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Chief Paymaster & C. i/c Records.



April 24th 1919

Receipt hereunder.  
of £1. 16. 0

for LIEUT. COLONEL,  
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.  
K.N.K.

Received the sum of one pound

Seven Shillings in respect of

telegraphic remittance from the  
Minister of Militia.

V. Grant  
No. 5204 Rank private  
Witness B. Shave

Grant. U

5204

Receipt

August 7th 1919.

#5284, Pte.V.Grant,  
Salmonier St.Mary's B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3582.

Yours truly,

Capt.  
Officers's Records.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3204 Rank PLC Name Grant V  
 Intended place of residence Salmonville

2. Occupation Carpenter  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 10 1919

M. W. H.  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 10 1919

V. Grant  
 Signature of soldier

J. A. Newman  
 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 10 1919

V. Grant  
 Signature of soldier

James Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No. of days on Military  
 Discharged from service 24-7-19 Plus 14 days Service 445

### 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 24 1919

N. R. Cooper Capt.  
 Officer in Charge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 7/1919

N. R. Cooper Capt.  
 Officer in Charge Depot  
 The Royal Newfoundland Regiment

2720791 2582

12  
23  
37  
2  
80

# The Royal Newfoundland Regiment

Class for Demobilization: 7/B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 8.7.19

Regimental No. 5204

Name Grant Vincent

Address Salmonies

Present Medical Category AT

Recommended for:— (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board

Robert M. Magri  
O.C. Discharge Depot.

W. P. ...  
Senior Medical Officer

G. W. Burden  
M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3204 Rank Plr Name Grant Y  
 Date of Enlistment 20-2-18 Address St. John's District P. St. Mary's  
 Occupation Carpenter Classification for Discharge H Medical Category H.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....	" 6.....	" 6.....
B 179c.....	B 120.....	M 93.....		

Date..... 8-7-19.....

O. C. Discharge Depot. H. M. W. H.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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. 10-7-19.....

O i/c. Re-clothing.

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2379 to his home  
at Salmonier and Release Certificate No. 3369 issued.

Date 10-7-19 J.A. Snowball  
Demobilization Officer

## 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 7-5-19

Date 10-7-19 J.A. Snowball  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date 10-7-19 J.A. Snowball  
Demobilization Officer.

## APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 24 1919 N.R. Cooper Capt.  
per. 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,

*V. Grant*

Signature of Matn.

Reg. No. *3204*

*J. P. Knowlton*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*90-7-19.*

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

## MEDICAL HISTORY

Surname

*Grant*

OF

Christian Name

*Vincent*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Salmonville, St. Mary's County**Nfld*

## SPECIAL RESERVE

## REGULAR ARMY

Examined

on *20* day of *May* 191*8*  
at *St. John's*

on      day of      191

Declared Age

*19* years      days

years      days

Trade or Occupation

*Carpenter*

Height

*5* feet      *6* inches

feet      inches

Weight

*131* lbs.

lbs.

Chest Measure-  
ment { Girth when fully expanded  
Range of Expansion*37 1/2* inches  
*4 1/2* inchesinches  
inches

Physical Development

Right

Left

Right

Left

Vaccination Marks { Arm  
Number*/*

When Vaccinated

Vision

R.E.—V=*6/6*  
L.E.—V=*6/6*R.E.—V=  
L.E.—V=*1/1*

(a) Marks indicating congenital peculiarities or previous disease

(a)

(a)

(b) Slight defects but not sufficient to cause rejection

(b)

(b)

Approved by (Signature)

*James Paterson*

(Rank)

*Major*  
Medical Officer.

Medical Officer.

Enlisted

at *St. John's*  
on *30* day of *May* 191*8*

at      day of      191

Corps

Regtl. No.

Corps

Regtl. No.

Joined on Enlistment

*The Royal Nfld Regt*  
*12014*

Transferred to

Became non-effective by

on      day of      191

on      day of      191

(Signature)

(Rank)

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signatures
Vacc 31-5-18	LD
4-7-18	YAB LD
10-5-18	TNS <del>me</del>
11-10-18	TNS <del>me</del>
<p>It is hereby certified that the soldier has been before a <u>Medical</u> Board, and has been <u>rejected</u> as <u>fit for discharge</u> on <u>medical</u> grounds. Medical category <u>1</u>  <u>8.7.19</u>  <u>[Signature]</u></p>	

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
7					

**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 N. F. S. L.* 7. Former Trade or Occupation } *barber*
2. Regt. No. *220th* 3. Rank. *P. Lt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Grant* *Vincent*  
(Surname) (Christian Name)  
(a) Former Regts. or Corps; with Regt. 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 (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
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | (a) attributable to | (b) aggravated by |
| (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.)*

*No complaints of no sensibility*

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.

*profratuation*

*W. E. Proemier* *Staff Name*  
 Medical Officer in charge of case.

Station *Hazleydown*

Date *2-11-14*

\* 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 *Vincent Grant*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5204*

Intended address *Salmonier*

Height on discharge *5 Feet 7*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Gray*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Emley*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Placentia 13-12 age. 19-1900*

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) *Vincent Grant*

(Rank) *Plt*

**ST. JOHN'S!**

Station

Date *July 5th 1919*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

Station

Date



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... *Vigant* ..... 2. Surname... *Grant* .....

3. Rank... *Cpl* ..... 4. Regtl. No. *5204* .....

5. Address in full to which future payments of Gratuity are to be

forwarded... *Salmoner, St. Mary's Bay* .....

6. Date of enlistment in the Regiment... *May 25/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in 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... *From May 25/18 to* .....

*July 10/19* .....

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? *No.*

16. Have you, during the present war, served in the Imperial Forces? *No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

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

19. Are you now serving in the Res? *No.* If not give:- (a) date of discharge *July 10/19* (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.

*No.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committed.

*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.

*V. Grant*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*10th*

day of

*July*

19*19*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Registrar	



This is to Certify that for many  
years John Grant was not able  
to do a man's work. He was not  
more than 30 per cent fit.

A. M. Kendrick M.D.

Placentia  
Sept. 6 - '20

Copy.

*Ans.*  
April, 28, 1920

Mrs. Emily Grant  
Golf Ave.,  
City.

Dear Madam:

*OK*  
Referring to your application of Separation Allowance, will you kindly furnish me with Marriage Certificates of your sons William, Thomas and James, or else certified extract from Parish Register showing dates of their marriages.

*P*  
Also, will you kindly inform me if your son Bernard offered for enlistment if so, on what date, in what Corps, and what is the number of his Rejection Badge, if he has one. *Upd. Regt.*

*P*  
Will you kindly have your Doctor supply the following information concerning your husband's condition: *(prior to his death)*

1. What <sup>was</sup> the nature of his incapacity? *the 1<sup>st</sup> answer preferred*
2. For how long can his <sup>total</sup> incapacity be considered to have been existent?
3. By what <sup>if not totally incapacitated was</sup> per-cent is his earning power reduced thereby.

Yours truly,

Major

Paymaster.



SEPARATION ALLOWANCE.

Claimant *Emily Grant* ..... *Mother* .....

On account of *Vincent Grant* ..... No. *Pte* ..... Rank. *2204* .....

Decision *Refused* ..... *Reason* .....  
*Bernard Grant's husband* .....  
*Refused for above reason* .....  
*that* .....

*Reconsidered*  
*Nov. 5/1920*

*Refused for above* .....  
*and the additional reason* .....  
*that* .....  
*is not to be* .....  
*July 1/1920*

*W. F. Rendell* ..... *Lieut. Col.*  
*McBrowley* ..... *Major*

Instructions.....

Allotment of *60* <sup>*cts*</sup> per day payable to *Mrs Emily Grant*  
*his mother* from *1/7/18* to *7/4/19*  
Discontinued on account of being discharged.

*R. Hummer* .....

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster  
Separation Allowance Branch  
St. John's, Nfld.

- (1) Name in full of soldier Vincent Grant Rank Private Reg't or Unit R. R. Reg. 5204
- (2) Age of soldier 19 years Married or single Single
- (3) Name in full of mother Emily Grant Age 57 Occupation None Permanent Address Bay St. Lawrence Bay
- (4) Give name of your husband John Grant Age 78 Occupation None Where he played None
- (5) If your husband is not supporting you give the reason. He is a chronic invalid for 28 years.
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). Heart and Stomach trouble.
- (7) If you are a widow, state date and place of death of your husband None
- (8) Have you married again since death of above mentioned husband? None
- (9) Names of your other children. Address in full. Age. Occupation. Married.
- | Names of your other children. | Address in full   | Age       | Occupation        | Married        |
|-------------------------------|-------------------|-----------|-------------------|----------------|
| <u>Julie Grant</u>            | <u>St. John's</u> | <u>24</u> | <u>None</u>       | <u>Single</u>  |
| <u>Mabel Grant</u>            | <u>St. John's</u> | <u>24</u> | <u>None</u>       | <u>Single</u>  |
| <u>Mary Grant</u>             | <u>St. John's</u> | <u>37</u> | <u>Teacher</u>    | <u>Married</u> |
| <u>Thomas Grant</u>           | <u>St. John's</u> | <u>35</u> | <u>Wagon Gork</u> | <u>Married</u> |
| <u>James Grant</u>            | <u>St. John's</u> | <u>32</u> | <u>Wagon Gork</u> | <u>Married</u> |
| <u>John J Grant</u>           | <u>St. John's</u> | <u>30</u> | <u>Religious</u>  | <u>Single</u>  |
| <u>Rose A Grant Junior</u>    | <u>St. John's</u> | <u>27</u> | <u>Religious</u>  | <u>Married</u> |
| <u>John Grant</u>             | <u>St. John's</u> | <u>24</u> | <u>None</u>       | <u>Single</u>  |
| <u>Robert Grant</u>           | <u>St. John's</u> | <u>21</u> | <u>None</u>       | <u>Single</u>  |
| <u>Edward Grant</u>           | <u>St. John's</u> | <u>11</u> | <u>None</u>       | <u>Single</u>  |
- (10) State amount earned by (a) Yourself None  
(b) Your husband None
- (11) State amount and source of any other income None



- (12) State value of real property belonging to you and your husband *None*
- (13) State value of personal property belonging to you and your husband *None*
- (14) If husband is dead state value of real and personal property left by him \_\_\_\_\_
- (15) Actual amount contributed by soldier during the year prior to his enlistment *\$ 360*
- (16) Was this amount contributed weekly or monthly *Monthly*
- (17) Did this amount include payment of son's board, etc? *No*
- (18) State your son's trade or occupation prior to enlistment *Shipbuilding*
- (19) State amount of his wages per week *\$ 11.75*
- (20) State name and address of his last employer *J. Tremblett  
Salmonier*
- (21) State amount of monthly support from son since enlistment *\$ 26*
- (22) State amount of allotment received by you from son since enlistment *as above*
- (23) State from what date did you receive allotment? *August 1918*
- (24) Actual amount contributed by other children *Weekly Monthly*  
*Bernard Grant* *\$ 12*
- (25) Are any of these children in the employ of you or your husband? *No*
- (26) If not receiving support from other children, state cause. Explain fully. *Married*
- (27) With whom are you residing at present? *My husband*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *no - supposed to get it but not know I was*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *no*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government? *no*

(32) In what capacity and in what place? */*

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? */*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant *x Emily x Grant*

Place of Residence *Self Avenue*

Declared and subscribed before me at *Dr. Jones* this day of *February* 19 *20*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *John McCahey*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee  
*Signature of Clergyman*

*W. Morris*  
*Rev. of William ...*

April 28, 1980

Mrs. Sally Grant,  
Golf Avenue,  
City

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly furnish me with Marriage Certificates of your sons William, Thomas and James, or else certified extract from Parish Register showing dates of their marriages.

Also, will you kindly inform me if your son Bernard offered for enlistment, if so, on what date, in what Corps, and what is the number of his Rejection Badge, if he has one.

Will you kindly have your Doctor supply the following information concerning your husband's condition:

1. What is the nature of his incapacity?
2. For how long can his incapacity be considered to have been existent?
3. By what per-cent is his earning power reduced thereby?

Yours truly

MAJOR & PAYMASTER.

Dr. J. C. Macdonald

RESIDENCE, 341 DUCKWORTH STREET  
OFFICE HOURS: 9 TO 10 A. M.  
2 TO 3 AND 7 TO 8 P. M.

~~For~~ To whom it may concern

Date 4. 5. 1940

**B** This is to certify that John Grant  
has not done any work owing to  
General Disability for 25-70.  
His age is 77.

J. C. Macdonald

JMH/LM.

August 19, 1920

Mrs. Emily Grant,  
Barrigwa,  
P.B.

Dear Madam:

With reference to your application for Separation Allowance, I have been directed to advise you that same cannot be granted, because your son Bernard was granted exemption.

The regulations provide that in the case of a widowed mother; where there are two sons of military age, the allowance will only be granted when the second one exists, and in the case of a mother whose husband is living, the same applies with the added condition, that the husband must be totally incapacitated.

Yours truly,

Paymaster & O i/o Records. Major

JMH/LM.

November 17, 1920

Mrs. Emily Grant,  
Barrisway,  
P.B.

Dear Madam:

With further reference to your application for Separation Allowance, I have now received a Certificate concerning your husband, from Dr. McKendrick..

I have been directed to advise you that the allowance cannot be granted, for the additional reason, that, during the period of your son's service, your husband was not totally incapacitated.

Yours truly,

Major

Paymaster.

P.S. I return herewith Marriage Certificates of your sons. Thos. William and James, & Certificate of Exemption from Army, of your son Bernard.

MEMO FROM REGISTRAR  
Newfoundland  
Military Service Act, 1918.

ST. JOHN'S, NEWFOUNDLAND.

Aug 6th 1919

The Department of Militia

The sum of seven dollars \$7.00 is due Pte V.  
Grant Salmonier to transportation from Helyreod to Salmmier  
Voucher attached

ACCOUNT	Trans
NO	4348
INITIALS	EW
NAME	
INITIALS	
INITIALS	

*McIntosh*  
Corrected for  
Grant, V.  
\$ 7.  $\frac{00}{100}$

No. 915

TRAVELLING WARRANT

Date 10 - 7 - 49 The Royal Newfoundland Regiment

*General Grant*  
Please issue 1st Class Passage and Meals for

No. 5204 Rank Rt Name Grant V

From - ST. JOHN'S - To Holwood

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

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*W. C. [Signature]*  
SIGNATURE OF ISSUING OFFICER.



# 5204.

V. grant.

Payment of Balance  
addressed  
29/1/49 J.C.B.  
apso

Balance of war service grant

\$ 70.<sup>00</sup>/<sub>++</sub>

S. Rendell. capt.

June 8 1920

Major Howley  
O. I. C. Records

Please pay to V. Grant, 5204  
the sum of twenty eight dollars  
in payment of two weeks allowance to June 26 1920  
and charge same to Civil Re-establishment Committee

\$28.00

Pension

Nil

J. C. R.

*W. W. McNeill*

Vocational Officer

*V. Grant*

TRAILING	_____	INITIALS	_____
ACCOUNT	_____	INITIALS	_____
TRAILING	_____	INITIALS	_____
CH. NO.	39219	INITIALS	_____
TRAILING	_____	INITIALS	_____
INV. LEDGER	_____	INITIALS	_____
TRAILING	_____	INITIALS	_____
PAY LEDGER	_____	INITIALS	_____
TRAILING	_____	INITIALS	_____
GEN. LEDGER	_____	INITIALS	_____

July 2 1920

Major Howley  
O. I. C. Records

5204  
~~4254~~

Please pay to V. Grant,  
the sum of sixty dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$60.00

Pension Nil

*Handwritten initials*

*W. W. Blackhall*

Vocational Officer

*V. Grant*

ACCOUNT _____	
CH. NO. <i>142</i>	INITIALS <i>W</i>
INL. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS <i>W</i>
GEN. LEDGER _____	INITIALS _____

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$70<sup>00</sup>/<sub>+2</sub>

Oct 29 1919.

Received from the First Newfoundland Regiment

the sum of Seventy Dollars.

on account of Pay. W. S. G. Grant. V  
balance

Ch. No. 1665	Initials. SGR
Pay Ledger 191	Initials. WR
Gen. Ledger	Initials.

Regtl. No. 512 S. J. Rank Pte

No. 5204

Rank Pte

Name V. Grant

5

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms  
B. 121.  
39.

Regiment of Royal Newfoundland

Signature of O. C. Company P. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	Grant, Vincent	Age on	19	years		months	Carpenter
Joined		Date	Place and Date of Enlistment	5 <sup>th</sup> Johns	Religion	R. C.	
Joined		Date	Period of	20-5-18	with Colours	146 years.	Place of Birth
Joined		Date		with Reserve			

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
				Demobilized	St John's	7 <sup>th</sup> 19			

To be carried over

15204

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5204 Rank Pte Name Grant, V  
 Date of Enlistment 20-5-18 Address St. Mary's District St. Mary's  
 Occupation Carpenter Classification for Discharge 1 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st.	" 2	
B 178a	D 400A	B 1915	/	do 2nd.	" 3	u
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 8-7-19 ..... H. M. St.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 10-7-19 ..... O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 12379 to his home at Salmonier and Release Certificate No. 3369 issued.

Date 10-7-19

J. A. Howland  
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 7-5-19

Date 10-7-19

H. W. ...  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122	/	Board Ist	" 2	/
B 178a	D 400A	B 1915	/	do 2nd	" 3	2 Form B
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 10-7-19

J. A. Howland  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 24 1919

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

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

Date July 31 1919

Reg. No. 5204 Rank 1st Lt Name Grant D.

Attested .. . Address Salmier

Allotment .. . Allottee .. .

Date of Allotment .. . Returned from Overseas Jul 1 1919

Returned on S S Cassandra Cause Discharge

8-7-19  
2nd 7-19

**PASSED TO DEMOBILIZATION OFFICER  
DISCHARGE APPROVED ON DEMOBILIZATION.**

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 Lager } Former Trade  
or Occupation }
2. Regtl. No. 5204 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name Grant Vincent (a) Former Regts. or Corps ;  
(Surname) (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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. .                | /                   | /                 |
| (ii.) Previous active service .. .. .                      | /                   | /                 |
| (iii.) Climate in pre-war service .. .. .                  | /                   | /                 |
| (iv.) Ordinary military service before the war .. .. .     | /                   | /                 |
| (v.) Serious negligence or misconduct on the man's part. } | /                   | /                 |

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

*The complaint of his disability*

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

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

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

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

*Repatriation*

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

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

Station *Hayley Down.*

Date *2/4/19*

\* 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.