



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5904 Name Michael Norris Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? Michael Norris
2. What is your full Address? The Arm
3. Are you a British Subject? yes
4. What is your age? 24 Years 10 Months
5. What is your Trade or Calling? Yeoman
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Are you willing to be enlisted for General Service? yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? yes 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

I, Michael Norris 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.

Michael Norris SIGNATURE OF RECRUIT.

Corp Daymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John on this 3 day of Aug 1918

Signature of Attesting Officer Edmund Steward

†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 Aug 5th 1918 } Approving Officer.
Place St John's Nfld. } W. H. Jones

† 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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 590H Name Michael Norris Corps RC

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Michael Norris
- 2. What is your full Address? 2. The Army
25 B
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 24 Years Months
- 5. What is your Trade or Calling? 5. Postman
- 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.

I, Michael Norris 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.

Michael NorrisSIGNATURE OF RECRUIT.

Corp DaymondSignature of Witness.

3/5/18

Michael Norris 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.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 3 day of Aug 1918

Signature of Attesting Officer C. B. Dickson, Lieut.

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Date Aug 5th 1918
Place St John's Nfld } Approving Officer. W. H. Jones

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DESCRIPTIVE REPORT ON ENLISTMENT

5904.

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

Name Michael Morris
 Apparent age 24 years 0 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward Morris
Three Arms Rd 13 | 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 limited engagement reckons from <u>3-8-18</u>									
Joined at <u>St John's</u> on <u>August 3-1918</u>									
<u>Discharged by Order Jan 9/1919</u>									
<u>Admitted to S.O. Hospital 5 10/18</u>									
<u>Transferred from S.O. to Escarot 27-10-18</u>									
<u>Discharged from Escarot 19-11-18</u>									
<u>Demobilization St John's 9-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-1-1919</u> (date of discharge) <u>160</u> years <u>160</u> days									
Pensions " " " " " " " " " " " "									



DEPARTMENT OF MILITIA

ST. JOHN'S _____ 19____
NEWFOUNDLAND

To St. Duley-

The bearer, Pte. Norris, is granted leave
with pay until Aug. 20th. This man is not
a conscript.

R. H. Lant Capt.

Queen Home leave to 20-8-18.

5-8-18.

W. P.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 9 Sent by _____ Paid by _____ Class 12/- No. 222

Place from Conche 19

To W H Jackman

39 Water St W

AUG 19 1918

Impossible get back
by twentieth please tell
sergt grace to report me

Michael Norris

59

5904
7 boy

H.
5-8-18

C.R. 5904

Extract from Daily Orders Part 11 Unit The Royal Wfla.
Regt., St. Johns, D^Uc. 12th, 1918.

The undernoted man Discharges on Demobilization has been approved by O.C. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending Confirmation by Officer i) c R^U cords.

5904 Pte. Ml. Norris.

18-12-18.

C.R. 5904

Extract from Daily Orders part 11, Depot. St. John's dated Nov. 21st.
1918.

5904 Pte. M. Morris.

Discharge d from Escasoni Con. Hospital. 19-11-18.

BC.

C.R. 5904

Extract from Daily Orders Part L1 Unit The Royal Nfld. Regt.,
St. John's Oct. 5th, 1918.

5904 Pte. M. Morris.

Admitted to M.I.D. Hospital 5-10-18.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia

Line Number	Red	By	Sent	by	Check

Dated
To

Oct
~~Nov~~ 28, 1918.

Mr. Edward Norris,
Three Arm, N.D.B.

beg to inform you that Your son, #5904 Pte. M. Norris, is now convalescent at Military Hospital, St. John's.

J. R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 5904

Extract from Daily Orders Part II, from Unit The Royal
Wfld. Regt. St. John's, dated August 5, 1918.

#5904 Pte. Michael Norris.

Attested for General Service with the Royal Wfld.
Regt. 2-8-18

CR 5904
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____

Address St. John's, Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated

To Nov. 5th, 1918.

Mr. Edward Norris,

Three Arms.

Beg to inform you that your son #5904 Pte. M. Norris is now Convalescent, will soon be fit for duty.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

CR 5904
Counter No.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's, Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated
To Nov. 5th, 1918.
Mr. Edward Norris,
Three Arms.

Reg to inform you that your son #5904 Pte. M. Norris is now Convalescent, will soon be fit for duty.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 5904

Extract of Daily Orders Part II, dated Jan. 10th 1919.

Demobilisation.

The discharge of the undernoted has been confirmed by the
Officer i/c Records on noted dates.

5904 Pte. Ml. Norris.

Discharged 9-1-19

C.R. 5904

Extract from Daily Orders part II. Depot St. John's dated Oct. 26th. 1918.

HOSPITAL

#5904 Pte. M. Morris.

ADMITTED BARRACKS 26-10-18.

See

GR 5904

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Edms No. 3 Sent by K Recd by no Check 19/d No. _____

Place from St. John's

To J. R. Bennett
Min of Militia



NOV 5 1918 8161 - 9 AON

How is my son 5904
pte. M. Norris please reply

Edward Norris.

NOV 5 1918

Now at a Convalescent home
St. John's will soon be
fit for duty

11
Kerris, M

5904

5
Ray Dept.

January 9th., 1919.

#5904 Pte. Michael Norris,
Three Arms,
N.D.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.341."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc' 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5904 Rank Pvt. Name Tommy Michael
 Intended place of residence Lane Arms, Twill Street
2. Occupation Sailor
 Classification of soldier C. Medical Category D.II
3. The above named man is discharged in consequence of Demobilization
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place DEC 9 1918 Atley Capt.
 Date 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 Johns Tom Morris

Dec 9th 1918

Signature of soldier

P. B. Dicks Atley
 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 Johns Tom Morris

Dec 9th 1918

Signature of soldier

Raymond Sgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3. 8. 18 No of days on Military
 Discharged from service Dec 12th 1918 plus 28 days Service 160 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

Date DEC 12 1918

R. H. Lait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns, Nfld.

Date January 9/1919

M. Howley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

29
20
20
20
20
20
20
20
20
20

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5904 Rank Plt Name Norris - Michael
 Date of Enlistment 3.8.18 Address Three Arms District Dwyke
 Occupation Sailor Classification for Discharge C Medical Category AII
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 4.12.18

Michael Norris
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

in Norris

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$160.00

(b) Clothing Supplies *Joseph H. ...*

Date 5-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 24 to his home at Three Acres and Release Certificate No. 109 issued.

Date 9. 12. 18 C. B. Dicks Capt
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 9-1-19

Date 9-12-18 Money Capt.
Depot Paymaster.

Discharge approved for 12. 12. 18

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
B 178	W 3494	B 122		Board 1st	" 2	1	Form B
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
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	1				

Date 9. 12. 18 C. B. Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 12 1918 RH [unclear] Capt
O. C. Discharge Depot.

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

Date Dec. 12/1918

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

MEDICAL HISTORY

Surname Harro

Christian Name Michael

Table I.—GENERAL TABLE

Birthplace :—Parish Truro Comms. N.D.B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on <u>3rd</u> day of <u>August</u> 19 <u>18</u>	on _____ day of _____ 19 <u>1</u>	at <u>St. John's</u>	at _____
Examined	at <u>St. John's</u>		at _____	
Declared Age	<u>24</u> years	_____ days	_____ years	_____ days
Trade or Occupation	<u>Sailor</u>		_____	
Height	<u>5</u> feet <u>5 1/2</u> inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight	<u>131</u> lbs.	_____ lbs.	_____ lbs.	_____ lbs.
Chest Measurement {	Girth when fully expanded	<u>35 1/2</u> inches	_____ inches	_____ inches
	Range of Expansion	<u>1 1/2</u> inches	_____ inches	_____ inches
Physical Development	_____		_____	
Vaccination Marks {	Right	Left	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u>	_____	R.E.—V= _____	_____
	L.E.—V= <u>6/6</u>	_____	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>Lamont Peterson</u>		_____	
(Rank)	<u>Major</u> Medical Officer		_____ Medical Officer	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>3rd</u> day of <u>August</u> 19 <u>18</u>		on _____ day of _____ 19 <u>1</u>	
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal</u>	<u>5904</u>	_____	_____
Transferred to	<u>Regt</u>		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 19 <u>1</u>		on _____ day of _____ 19 <u>1</u>	
(Rank)	_____		_____	

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 work at previous
occupation (sailor)*

m. norris

Signature of Man.

Reg. No.

5904

Ernie Hall
Signature of the Vocational Officer or his Representative.

Place

St Johns.

Date

Dec 5th 1918

006

Swilling Ake

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

NOV 29 1918

Date

Regimental No. *5904*

Name *Norris Michiel*

Address *Three Arms, N.B.*

Swilling Ake Det.

Present Medical Category *A II*

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

Members of Board

R. H. [Signature]
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot



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 **Michael Morris**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **5904**
 Intended address **Three Arms, T'gate Det.**

Height on discharge **5** Feet **5½**

Color of hair on discharge **Brown**

Complexion **Fair**

Color of eyes **Blue**

Descriptive Marks

Figure on discharge

Christian name of Father **Edward**

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

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)

(Rank)

Station

Date

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

Station



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

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Quarters on August 3 1918

1. Name Michael Yorio Age (a) Declared 24
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? typhoid fever 10 yrs ago

eyes brown
comp. fair
muscles

~~590~~

3. Height 5-5 1/2

Weight 131

4. Eyesight (a) Left 4/6

(b) Right 4/6

590 H

5. Physical Defects (Examine after strenuous exercise) no

6. Examination of Lungs no

Measurement

(a) Expiration

3 1/2

(b) Inspiration

3 5/2

7. Examination of Heart no

8. Examination of Urine no

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

} no

10. Have you been successfully vaccinated, and when? yes by year ago

11. Name and address of next of kin Father J. Yorio ~~Street~~ St. John's NFB

REMARKS—

A II

Archibald
St. Lawrence

Medical Examiners.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5904 Rank Plt Name Norris - Michael
 Date of Enlistment 3.8.18 Address Three Arms District Jw Lake
 Occupation Sailor Classification for Discharge C Medical Category AII
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	B 1915.....	2	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.....	1			

Date 4.12.18

Michael Norris
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

M Norris

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) ~~Clothing Supplied~~.....

Date 5-12-18

Joseph A Snow
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 24* to his home at *Three Arms* and Release Certificate No. *109* issued.

Date *9. 12. 18* *C. B. Dicks Capt.*
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 *9-1-19*

Date *9-12-18* *M. Bowley Capt.*
Depot Paymaster.

Discharge approved for *12. 12. 18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	✓ 1	N.F. Med.....	D.F. 1.....	✓ 1	<i>Form R</i>
F 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	✓ 1	
R 178a.....	✓ 1 D 400A.....	✓ 1 B 1915.....	✓ 2	do 2nd.....	" 3.....	✓ 2	
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.....	✓ 1				

Date *9. 12. 18* *C. B. Dicks Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date *DEC 12 1918* *R. H. Lat Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date *Dec. 12/1918* *M. Bowley Capt.*
o/c R

Reg. No. 5904 Rank *Sgt* Name *Horis Michael*

Attested 3-2-18 Address *Three Arms N.S.B.*

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

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas..... Cause.....

✓ vac 14-9-18.

G.R. 15-8-18. to 20-8-18. *yr* *hac* 2-10-18

5-10-18 Admitted to M. I. S. Hosp

27-10-18. Transferred from M. I. S. to *Casson*

19-11-18 Discharged from *Casson*

4-12-18 **PASSED TO DEMOBILIZATION OFFICER**

12-12-18 **DISCHARGE APPROVED ON DEMOBILISATION.**