



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5895 Name Norman Ryan Corps Milit.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Norman Ryan</u>              |
| 2. What is your full Address? .....  | 2. <u>Newman's Cove, Nfld.</u>     |
| 3. Are you a British Subject? .....  | 3. <u>Y</u>                        |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Interman</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>Y</u>                        |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Y</u>                        |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. } Name .....<br>} 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>Y</u>                       |

I, Norman Ryan 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.

Norman Ryan SIGNATURE OF RECRUIT.  
W. L. Langhorne Signature of Witness.

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

I, Norman Ryan 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..... day of August 1918

Signature of Attesting Officer C. S. Dicks Lieut

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date August 1918 }  
Place St. John's } 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

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

Name Norman Ryan  
 Apparent age 20 years — months Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Ryan  
Newman Cove. | Relationship Father

### Particulars as to Marriage

<small>(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.</small>			
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

### 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [ " " ] _____ " _____ "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5895 Name Norman Ryan With

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Norman Ryan</u>                  |
| 2. What is your full Address? .....  | 2. <u>Newman's Cove, B.C.</u>          |
| 3. Are you a British Subject? .....  | 3. <u>Y</u>                            |
| 4. What is your age? .....   | 4. <u>30</u> Years <u>—</u> Months     |
| 5. What is your Trade or Calling? .....  | 5. <u>fireman</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>Y</u>                            |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Y</u>                            |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. <u>Y</u> Name .....<br>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>Y</u>                           |

I, Norman Ryan 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.

2/8/18

Norman Ryan SIGNATURE OF RECRUIT.  
W. Langford Signature of Witness.

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

I, Norman Ryan 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 2nd day of August 1918

Signature of Attesting Officer Asst. Dist. Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date August 1918 .....  
Place St. John's ..... } 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

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

Name Norman Ryan  
 Apparent age 20 years — months Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 4 inches  
 Distinctive marks —

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Ryan  
Newman's Cove | 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>2-8-18</u>									
Joined at <u>St. John's</u> on <u>August 2, 1918</u>									
<u>Discharged Feb 21<sup>st</sup> 1919</u>									
<u>Special duty home defence front coast</u>									
<u>Returns to Headquarters</u>					<u>10-10-1918</u>				
<u>Demobilization</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 21-2-1919 (date of discharge) — years 204 days  
 " " Pensions " " " " " " " " " " " "

C.R.

5895

Extract from Daily Orders part II, Depot St. John's  
dated Feb. 25th., 1919.

The discharge of the undernoted and demobilisation have  
been COMPLETED by Officer i/c Records on 21-2-19.

5895 Pte. Norman Ryan

C.P. 5895

Extract from Daily Orders part II, Depot St. John's  
dated Jan. 24th., 1919.

The discharge of the undernoted on demobilization  
have been APPROVED by Officer Commanding depot on  
noted date 24-1-19.

#5895 Pte. Norman Ryan.

C.R. 5895

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regt.

Dated October 12th 1918.

SPECIAL DUTY.  
-----

THE UNDERMENTIONED RETURNED FROM SPECIAL DUTY AT Mt. PEARL 10/10/18.

5895 Pte. N. Ryan.

CR. 5895

Extract from Daily Orders Part 11 Unit The Royal Hfld.  
Regt. st. John's, dated August 19th. 1918.

5895. Pte. N. Ryan.

Granted leave from 17/8/18 to 26/8/18.



C.R. 5895

Extract from Daily Orders part 11, from Unit, The Royal  
Field Regt. St. John's, dated August 3, 1918.

#5099 Pte. Norman Ryan.

5895

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

U  
Ryan, R

37  
6

5895

Ray Sept.

February 21, 1919

#5895 Pte. Norman S. Ryan,

Newman's Cove, B.B.

#5895 Sir :-

Please find enclosed "Discharge  
Certificate No. 939."

Yours truly,

Pymaster & O.i /c Records **Captain,**

Enc<sup>d</sup> 1 l.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5895 Rank Private Name Norman Ryan  
 Intended place of residence Newman Cove

2. Occupation Tradesman  
 Classification of soldier C Medical Category A 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 ..... St. John's ..... W. Bailey Capt  
 Date JAN 22 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 St. John's ..... Norman Ryan  
22-1-19 ..... Signature of soldier  
 ..... W. Bailey Capt .....  
 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 Jan 22<sup>nd</sup> 1919 ..... Norman Ryan  
St. John's ..... Signature of soldier  
 ..... W. Bailey Capt .....  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 2. 8. 18 ..... No of days on Military  
 Discharged from service 22-1-19 after 25 days ..... Service 208 1/2 days

### 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 ..... W. Bailey Capt  
 ..... Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JAN 24 1919 .....

### CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld. ..... W. Howley Capt  
 Date February 21/1919 ..... Officer in Charge  
 The Royal Newfoundland Regiment

A. J. G. 20/19/1919

30  
30  
31  
30  
31  
31  
2-1  
2-4

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5495 Rank Plt Name Ryan - Norman  
 Date of Enlistment 2.8.15 Address Newman's Cove District Bonaville  
 Occupation Fisherman Classification for Discharge R 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	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93	2			

Date 10.12.15

W. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Norman Ryan

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #65.00

(b) Clothing Supplied Joseph A. Snowling

Date 22-1-19

O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 575 to his home at Newman Lov and Release Certificate No. 919 issued.

Date 22-1-19 C. 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 21-2-19

Date 22-1-19 W. H. H. Capt.  
Depot Paymaster.

Discharge approved for 24 1 19

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	S.M. B
R 178a	D 400A	B 1915	3	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	2				

Date 22 1 19 C. Dicks Capt.  
Demobilization Officer.

APPROVED.

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

JAN 24 1919

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

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

Date .....

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

MEDICAL HISTORY.

Surname

*Ryan*

OF

Christian Name

*Norman*

Table I.—GENERAL TABLE

Birthplace :—Parish

*Newmans Cove B B County Newfoundland*

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>2</i> day of <i>August</i> 191 <i>8</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age	<i>20</i> years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>6 1/2</i> inches		feet	inches
Weight	<i>125</i> lbs.			lls.
Chest Measurement	Girth when fully expanded	<i>34</i> inches		inches
	Range of Expansion	<i>4</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)				
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St Johns</i>	at		
	on <i>2</i> day of <i>August</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Newfoundland Regt.</i>	<i>5895</i>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(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 as Fisherman

Norman Ryan

Signature of Man.

Reg. No. 6895

Adick

Signature of the Vocational Officer or his Representative.

Place St John's

Date

22/1/19

191

4  
1



## 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 *Ryan, Norman Scott.*

Regiment from which discharged *1st. Newfoundland*

Regimental number *5895*

Intended address *Newman's Cove, Bonavista Bay.*

Height on discharge *Feet*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eye *Brown.*

Descriptive Marks *Birthmark on right shoulder.*

Figure on discharge *Normal.*

Christian name of Father *George*

Christian name of Mother *Elizabeth*

Wife's maiden name in full

Date and place of marriage } *not married.*

Christian names of children }

Place and date of soldier's birth. *Beichy Cove, B.C., Aug. 18 / 1898.*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Norman Scott Ryan*

Station *Prince's Regt.* Date *13/12/18.* (Rank) *Plt.*

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.

*J. R. Steele*  
Medical Officer i/c Hospital,  
Unit, or Command Depot.

Bonavista

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—  
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 28/11/18.....

Regimental No. 5895.....

Name Ryan Norman (Plt).....

Address Normans Cove B.B.....

Present Medical Category A II.....

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

Members of Board { R. J. [Signature] .....  
O.C. Discharge Depot.  
W. [Signature] .....  
Senior Medical Officer  
S. [Signature] .....  
M. O. Depot

# ROYAL NEWFOUNDLAND REGIMENT.

*Copy.*

Medical Examination held at Bonavista.

Date \_\_\_\_\_ 191\_\_\_\_

- Name Norman Scott Ryan, Age (a) Declared 20.  
Newman's Cove, B.B. (b) Apparent
- Do you know of anything wrong with you? No.

What severe illnesses have you had?

Typhoid 1917.

5895 ✓

- Height 5ft. 7 Weight 127
- Eyesight (a) Left 6/6 (b) Right 6/6.
- Physical Defects (Examine after strenuous exercise)

None.

- Examination of Lungs Normal.  
Measurement (a) Expiration 33 (b) Inspiration 35-2.

- Examination of Heart Normal

- Examination of Urine "

- Examination of Mouth—(Defective Speech)

Teeth Bad

Throat Normal

Nose "

Ears—(Deafness, Otorrhea) "

- Have you been successfully vaccinated, and when? No.

- Name and address of next of kin George Ryan, Father,  
Newman's Cove,  
B.B.

REMARKS—

We consider this man { Fit  
~~Temporarily unfit for Military Service~~  
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B. 10 A, should be filled and attached).

*Aii*  
*cm*

Ca Forbes.

Medical Examiners.



## THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Norman Ryan, Regl. No. 5895, hereby agree, until further notification by me, and in similar official form to make an Allotment of        Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins September 1st 1915.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>6733</u>	<u>Mother</u>	<u>Mr George Ryan</u>	<u>Newman line Amherst</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H G James

Officer Commanding  
\* Company

St Johns  
August 15th 1915

Norman Ryan

(Sig.)

(Rank) Pte



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Norman Ryan, Regl. No. 5895 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins September 1st 1915.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6733	Mother	Mrs George Ryan	Newmanstone Avenue - 60	
Total Allotment, \$				- 60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H G James Lieut

Officer Commanding 7 Company

Norman Ryan

(Sig.)

(Rank) Pte

St Johns August 15th 1915

# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's on Aug 2 1918

1. Name Norman Ryan Age (a) Declared 20  
(b) Apparent

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

What severe illnesses have you had? Falling Sickness

eye Brown  
comp Fair

5895

3. Height 5'6 1/2" Weight 125

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise)

Bulging Rt. Inguinal Canal

6. Examination of Lungs

Measurement (a) Expiration 30 (b) Inspiration 34

7. Examination of Heart

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

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

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father George Nemans Corp 1313

REMARKS—

A11  
Try Out

Richard  
S. W. Burden  
Medical Examiners.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company C. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	20 years months	Fisherman	
5895 <u>Norman Ryan</u>		Place and Date of Enlistment } <u>St. Johns</u>		Religion	
Joined	Date	2-8-18		Meth	
Joined	Date	Period of } with Colours <u>204</u> years. with Reserve <u>365</u> years.		Place of Birth	
Joined	Date			Newmans Cove B.B.	

Place	Date of Offence	Rank	Cases of Discretion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>	<u>21</u>	<u>2</u>			<u>19</u>

To be carried over.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5895 Rank Pvt Name Ryan - Norman  
 Date of Enlistment 2.9.15 Address Thomas Lane District Bonaville  
 Occupation Fisherman Classification for Discharge F Medical Category AII  
 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
B 179c	B 120	M 93		

Date 10.14.15
Albion Caps  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Norman Ryan*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied Joseph A. Brown

Date 22-1-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R575 to his home at Newman's Cove and Release Certificate No. 919 issued.

Date 22-1-19 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 21-2-19

Date 22-1-19 W. H. Kelly Capt.  
Depot Paymaster.

Discharge approved for 24.1.19

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

Date 22.1.19 C.B. Dicks Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Date JAN 24 1919 R.H. Sait Capt.  
O. C. Discharge Depot.

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

Date Jan 25 1919 [Signature]

Reg. No. 5895 Rank Pte Name Norman Ryan  
Attested 2-8-18 Address Norman Ryan  
Allotment 60 Allottee Mrs Geo Ryan (Mother)  
Date of Allotment 1-9-18 Returned from Overseas  
Embarked for Overseas Cause

Vacc 3-8-18 1st 7-9-18.

T.L. 17-8-18 to 26-8-18, returned

19-9-18 Special Duty Mount Park. returned 10-10-18

10-12-18. PASSED TO DEMOBILIZATION OFFICER

24-1-19.

DISCHARGE APPROVED ON DEMOBILISATION.