



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5320

Name Wilson Key

Corps Cof 6

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Wilson Key</u>               |
| 2. What is your full Address? .....  | 2. <u>Random Bay</u>               |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<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>Yes</u>                     |

I, Wilson Key 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.

Wilson Key SIGNATURE OF RECRUIT.  
J. R. Bayning Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Wilson Key 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 Random Bay on this 27 day of May 1918  
Signature of Attesting Officer Officer

†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 May 28 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 William Vey  
 Apparent age 19 years 0 months Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Vey  
Random 3 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 Lepot	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>22-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov. 22-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Embarked St. John's N.S. to Halifax N.S. 22-7-18</u>									
<u>to Hqs for demobilization 24-6-19. Arrived Hqs 1-7-19</u>									
<u>Demobilization St. John's 11-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 11-8-1919 (date of discharge) 1 years 82 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5320

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

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

#5320 Pte. Wilson Vay.

C.R. 5320

Extract from Daily Orders East 11 Unit The Royal Hill.  
Regt. St. John's on July 16th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot 28-7-20

5320 Pte. W. Vey.

C.R. 5320

Extract from Daily Orders Part II Royal Newfoundland Regt.

Dated Aug. 22nd 1919. Depot St. John's.

The discharge of the undernoted on demobilization has been

CONFIRMED by Officer i/c Records from noted date 9-8-19.

5320, Pte. Wilson Vey.

# Civil Re-establishment Committee



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

To resume former Occupation.

*W. V. J.*

Signature of Man.

*D. M. C. ...*

Reg. No. 5320

Signature of the Vocational Officer or his Representative.

Place

ST. LOUIS

Date

14-7-79

191

Holloway

T.B.

Aug 29<sup>th</sup>  
1918

Dear Sir:-

As to questions  
Nos 11 and 12. The  
Justice of Peace here at  
Holloway, although he has  
signed paper as in  
doubt. I do not know these  
people as he does, only being here  
for one year, whereas he has been  
living here or quite near them a  
life time I presume. Would it not  
be advisable have him investigated?

Yours respectfully

D. E. Treacy

(Clergyman)

DEPARTMENT OF MILITIA

ST. JOHN'S Aug. 16th. 1918  
NEWFOUNDLAND

Mrs. William Vey,  
Long Beach.

Dear Madam:

With reference to your letter of Aug. 10th  
I enclose form of application for Separation Allowance.  
Kindly have each of these questions answered in full and  
signed by a Magistrate or Justice of the Peace, and return  
to this office, on receipt of which your claim will be  
considered.

Yours truly,

*J. M. Maddicks*  
Lieut.

For Paymaster

**ROYAL NAVY AND ARMY  
(Separation Allowance Branch)**

**NOTICE:**

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. Rank. Reg't. or Unit. Reg't. No.  
*Wilson Vey. (Army) Regt 5320.*

2. Age of soldier. Married or single.  
*Nineteen (19) Single*

3. Name in full of mother. Age. Occupation. Where employed  
*Sarah Vey 53. Wife*

4. Give name of your husband. Age. Occupation. Where employed  
*William Vey 57 Fisherman Home*

5. If your husband is not supporting you, state the reason. *Amount earned by the husband this year is very meagre. Owing to ill health and the taking of his food he failed home. My husband is my only support - excepting what I expect to receive from family & friends.*

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.)

7. If you are a widow, state date and place of death of your husband.

8. Have you married again since death of above mentioned husband.

9. Names of your other children.	Address in full.	Age.	Occupation.	Married or single
<i>Mary Louise</i>	<i>Long Beach 7B</i>	<i>28</i>	<i>—</i>	<i>married</i>
<i>M Emmie</i>	<i>(College Square) St Johns</i>	<i>26</i>	<i>—</i>	<i>married</i>
<i>Dalcie Eda</i>	<i>Long Beach 7B</i>	<i>24</i>	<i>—</i>	<i>married</i>
<i>Alice Wilson</i>	<i>Broad Ave 6B</i>	<i>22</i>	<i>—</i>	<i>married</i>
<i>Edna</i>	<i>Enlisted</i>	<i>19</i>	<i>—</i>	<i>single</i>
<i>Effie</i>	<i>Long Beach</i>	<i>16</i>	<i>Home</i>	<i>single</i>
<i>Daniel</i>	<i>Long Beach</i>	<i>14</i>	<i>Home</i>	<i>single</i>
	<i>Long Beach</i>	<i>11</i>	<i>Home</i>	<i>single</i>

*Amount earned by the husband this year is very meagre. Owing to ill health and the taking of his food he failed home. My husband is my only support - excepting what I expect to receive from family & friends.*

*50*

*Commencing 1918*

As for Amount

10. State amount earned by (a) Yourself nil  
(b) Your husband approximately 14 or 15 gills for such times as these.  
I do not know yet. It will be easy matter to say when fish is shipped.

11. State amount and source of any other income. None

12. State value of real property belonging to you and your husband About \$1000.00 {nothing to lower value}

13. State value of personal property belonging to you and your husband  
The value of both <sup>above</sup> properties belong to both of us.

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 enlistment cannot say. His earnings went to his father. It was his.

16. Was this amount contributed weekly or monthly. After he finished fishing.

17. Did this amount include payment of son's Boardmetc. Yes and also clothing.

18. State your son's trade or occupation prior to enlistment Fishing with his father.

19. State amount of his wages per week.

20. State name and address of his last employer

21. State amount of monthly support from son since enlistment \$15.50 for first month. that is all yet

22. State amount of allotment received by you from son monthly. None.

23. State from what date did you receive allotment. ~~Since the 1st of 1918~~

24. Actual amount contributed by other children. None Weekly Monthly

25. Are any of these children in the employ of you or your husband?

OCT 20 1921 1921.

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

Wilson Vey

in respect of his service as No. 5320 Rank Pte.

Name W. Vey Royal Nfld. Regt.  
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received British war medal

Signature Wilson Vey

Date October 25 1921

Address Long Beach Roadmont

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of Royal Newfoundland Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5320</u>	Age on	19 years	<u>Indians</u>		
	<u>Very Wm</u>			Religion		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	C/S		
Joined	Date		<u>22.5.18</u>	Place of Birth		
Joined	Date	Period of	with Colours	<u>London N.B.</u>		
Joined	Date		with Reserve			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>[Signature]</u>				<u>11 8/19</u>
To be carried over.									

Reg. No. *5320* Rank *76* Name *Vey W.*  
Attested ..... Address *Random*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *11/1* *1919*  
Returned on S.S. *Cassandra* Cause *Discharge*

*147 19*  
*287 19*

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION

C.R. 100

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

# Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps *Royal Newfoundland* } Former Trade or Occupation } *fisherman*
- 2. Regtl. No. *5370* 3. Rank *plc* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Wey* *Wilson* } (a) Former Regts. or Corps with Regtl. Nos.
- 5. Age last birthday *40*
- 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?
- 9. If a Court of Inquiry was held on an injury state:—
  - (a) When
  - (b) Where
  - (c) Opinion of Court

- (b) Date of Discharge ;
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

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

*nil*  
*nil*  
*nil*

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

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, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

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

*No complaint of no disability*

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.E. Procmier. Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazely Bourne*

Date *3/4/19*

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