



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5382 Name Joseph Hall Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Joseph Hall
2. What is your full Address? } 2. Godfrey
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Farmer
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. Yes
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service?..... 9.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10.) Name) Corps Yes
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, Joseph Hall 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.

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Hall 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 1915

Signature of Attesting Officer C. Dicks

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.....1915 } Approving Officer.
Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: viz.—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Hall
 Apparent age 22 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Stephen Hall
Bedroy 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									
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. 5382 Name Joseph Hall Corps R.C.

Questions to be put to the Recruit before Enlistment

- | | |
|--|--------------------------|
| 1. What is your name? | 1. <u>Joseph Hall</u> |
| 2. What is your full Address? | 2. <u>Goosey</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Sailor</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Joseph Hall 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.

Joseph Hall SIGNATURE OF RECRUIT.
W. K. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Hall 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's on this 23 day of May 1915

Signature of Attesting Officer Edwards

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 1915 }
 Place } 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

2382

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

Name Joseph Hall
 Apparent age 22 years months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Stephen Hall
Codroy | 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 enrv.

(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 length of engagement reckons from <u>23-5-18</u>									
Joined at <u>St. John's</u> on <u>May 23-1918</u>									
Discharged <u>July 18-1919</u>									
Embarked <u>St. John's Pt. Columbus to Halifax N.S. 22-7-18.</u>									
Embarked <u>for 13th Co. 23-11-18</u> <u>Lisambard Island 28-11-18</u> <u>Joined Battalion in the field 5-19.</u>									
Admitted to <u>Gen Hosp. Queen Elizabeth 9-19</u> <u>transferred to Lib. 5-19</u>									
Admitted to <u>Andrews Hosp. Collier Hill London 10-19</u> <u>transferred to 3rd Gen Hosp. 7-19</u>									
Returned from hospital to <u>Wanchester 5-11-19</u> <u>Admitted 3rd Gen Hosp. Wanchester 9-11-19</u>									
Returned from hospital to depot <u>12-19</u> <u>Posted to Wanchester 12-5-19</u>									
Left for demobilization <u>22-5-19</u> <u>Arrived field 1-6-1919</u>									
<u>Demobilization St. John's 18-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 18-7-1919 (date of discharge) 1 years 57 days
 " " Pensions " [" "] " " " "

C.R. 5382

Extract from War Office List No. H.A. 28897

3382 Pte. J. Hall.

ser. ill no change in 6 Gen. Hosp. Rouen, W/E 16 Feb. 1919.

Influenza.

C.R. 5382

Extract from Daily Orders part 11 Unit The Royal Rifles Regt.
St. John's, July 23/19

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 18-7-19.

5382 Pte. Jos. Hall.

C.R. 5382

Extract from Casualties from Pay & Record Office, London
dated May 14th 1919.

5382, Pte. J. Hall,
ex 3rd London G. Hospital 12/5/19, was ordered to report
Depot, tattoo same date. Classified as slightly jaundiced
and for disposal pending repatriation, but unfit for duty.

AUTHORITY

Memo from 3rd L.G.H.

C.R.

5382

Extract from Daily Orders Part 11 Unit The Royal BFLD.

Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot, with effect from 4-7-19.

5382 Pte. J. Hall.

CRI 5382

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. "In the Field" 31-3-19.

5382 Pte. J.Hall.

Invalided to U.K. 8-3-19 Sick.

C.R.

5382

EXTRACT FROM Casualties received from Pay and a Record Office,
London dated 19th. March 1919.

The undermentioned was transferred from the 2nd. to the 3rd.
London General Hospital on 17/3/19.

~~4327 1919. L. 10018.~~

5382 Pte. J. Hall.

C.R. 5382

Extract from Casualties received from Pay and Records Office

London dated 18th. Feb. 1919.

5382 Pte. J. Hall
has been reported seriously ill by O. C. 6th. General
Hospital Rouen, 15-2-19.

C.R. 5382

Extract of Casualties from Pay & Record Office, London.

Dated Apr. 11th 1919.

....

The undermentioned was admitted to the 3rd London General
Hospital on 9/4/19

#5382, Pte. J. Hall.

Authority:

Memo from 3rd L.G.H.

CR. 5382

Extract from Daily Orders part II, Depot Winchester by Lieut.
Col., B.J. Barton, D.S.O., Officer Commanding 2nd. Battalion.
dated 7/4/19.

The undermentioned having reported back from the 1st. Battalion
is taken on the strength and posted to "H" Co., 5-4-19.

5382 Pte. J. Hall

C.R. 5382

Extract from Casualties received from Pay & Record Office,
London, Mar. 31st, 1919.

5382 Pte. J. Hall.

Was discharged from the 3rd London General Hospital on
29-3-19 and granted furlough to 7-4-19. Classified 1, Duty

C.R. 5382

Extract from War Office 10s No. H. M., 2913.

Seriously
~~IMMEDIATELY~~ ~~DANGEROUSLY~~ ILL (NO-CHANGE) in 6th. Hen. H. Rouen
W/E 24th., Feb. 1919.

#5000 Pte J. Hall.
5382

INFLUENZA

C.R. 5882

Extract from War Office List No. E. A. 17683

Admitted St. Andrews Hos. Dollis Hill, London N.W.
10th. March 1919.

#5382 Pte. J. Hall.

Endorsed.

C.R. 5382

Extract from Casualties.....List No. H.A. 34852.

5382 Pte. J. Hall.

Adm. 6 Gen. H. Rouen 8th Feb. 19. Influenza.

9

C.R. 5387

Extract of telegram from Syn., London,
to Military.

March 15th/19.

INFLUENZA.

#5382 Hall.

CR. 5382

Extract of Telegram from Syn., London, to Military
dated March 10th/19.

-----16th

16th General Hospital B.E.F. March 8th
Removed from seriously ill list.

#5382 Hall..

Counter No. _____

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 Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Feb 25th, 1919**

To **Stephen Hall Godroy,**

Regret to inform you that Record Office, London,
officially reports **No. 5382, Private Joseph Hall**
seriously ill no change Feb 16th

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J R. Bennett

Chge Dept of Militia. Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. _____



Cable Connection with all the World

C.R. 5382

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(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check
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Dated

Mar 12th, 1919

To

Stephen Halliday Cadrey

Req ~~Report~~ to inform you that Record Office, London, officially reports ~~No.~~ No. 5302, Private Hall at 6th General Hospital Rouen March 8th removed from seriously ill

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 5382 ✓

Extract from Telegram from Syn. to Mil. dated Feb. 24/1919.

Bethnal Green Military Hospital, Feb. 16th., seriously ill
no change 5382 Hall.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Counter No. **C.R. 5382**



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(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Mar 6th, 1919
To Stephen Hall, Codroy

Regret to inform you that Record Office, London, officially reports **No. 5382, Private Joseph Hall** at **6th General Hospital Rouen France Feb 24th seriously ill no change.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett
 Minister of Militia.

Chge Dept of Militia

FOR TYPEWRITER



PROGRESS REPORTS.

C.R. 5382

Nos. P.168954, P.168955, P.168956 & P.168957.

No. P.168954.

O.C.55 GEN.H.BUCHANAN telegraphs 16 Feb.18.

43069 Pte. Dimmock G. 2/NORTANTS.ATT.
RE.IWT.

D'NG.ILL.MY B VISITED.

No. P.168955.

O.C.42 CCS.FRANCE telegraphs 16 Feb.19.

DM2/129798 Pte. Williams V.S.RASC.ATTD.8/GPS.
67121 Gnr. Charman H. A/174 BDE.RFA.

D'NG.ILL.

No. P.168956.

O.C.30 GEN.H.CALAIS telegraphs 15 Feb.19.

M2/175013 Pte. Bogie F. RASC.MTB.D. CALAIS.
82 Pte. Jones H. 11/HUSARS HQ. Bronchitis.
597737 Pte. Rafferty W. 252/DIV.IMP.MT. Influenza...;
COY.1678 16/S.LEGS.
290202 Spr. Gilhooly J. RE.D.CO. Influenza.

FORMERLY SER.NO. D'NG.ILL.

D'NG.ILL.

D'NG.ILL.

DIED 4.50 p.m. 14 Feb.

No. P.168957.

O.C.6 GEN.J.ROUEN telegraphs 15 Feb.19.

12129 Pte. Gray E. 9/BFI. Broncho Pneumonia.
5382 Pte. Hall J. 1/R.R. FOUNDLAND. Influenza.

SER.ILL.

X

C.R. 5382

Extract from Casualties...List No. H.M. 2951.

5382 Pte. J. Hall

Influenza ..O.C. 6 Gen Hosp. Rouen reports Seriously ill
No change W/E 3 Mar.19.

C.R. 5382
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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 **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **March 15th 1919**

To **Stephen Hall, Codroy**

Regret to inform you that Record Office, London,
officially reports **No. 5382, Private Joseph Hall now**
at St. Andrews Hospital London suffering from influenza

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge ^{Dept} of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 5382

Extract from Casualties received from Pay & Record
Office, London, Mar. 10th, 1919.

O.C. 6th General Hospital, Rouen, reports 8-3-19 the
undermentioned is no longer SERIOUSLY ILL.

5382 Pte. J. Hall.

B

C.R. 5-382

Extract from Telegram from Synoptical to Military, St. John's, dated
February 18th., 1919.

6th. GENERAL HOSPITAL? ROUEN. FEBY. 15th.

Influenza, seriously ill, 5382 HALL.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World **C.R.** 5382

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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 **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated Feb. 20th, 1919

To Stephen Hall, Codroy

Regret to inform you that Record Office, London,
officially reports **No. 5382, Private Joseph Hall**
at 6th General Hospital Rouen Feby. 15th seriously ill
suffering from influenza

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge **Dept of Militia.**

Minister of Militia.

FOR TYPEWRITER

C.R. 5382

Extract from Nominal Roll of absent Draft No. 86, from the 2nd.,
Battalion of the Newfoundland Regiment to the 1st., Battalion
of the Newfoundland Regiment B. N. F.,
Embarked Southampton 23/11/18.

#5382 Pte. J. Hall.

BC.

2

C.R. 5382

Extract from Daily Order, part 11, from Unit The Royal
214. Reg. t. John's, dated July 25, 1918.

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

#5382 Pte. Joseph Hall.

C.R. 5382

Extract from Telegram from Synoptical to Mil. dated Mar.5/1919.

~~Wardsworth~~ 6th., General Hospital, Rouen, Feby. 24th.,
seriously ill no change, 5382 Hall.

C.R. 5382

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

#5382 Ptel Joseph Hall.

Attested for General Service with the Royal Wfld. Regt.
from 23.5.18

J. Hall

C.R. 5382

P. & B. 9

No. 5382 Rank Plt.

Name Hall, J.

Pay	F.A.	Wkg	Total
100	10		110
Less Allocation			60
Net Rate			50

[Handwritten initials]

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
		From	To	From		To	From			To	From	To
Balance					Balance					2	5	7
Acquittance Rolls		8	2	10	Pay @ Net Rate	21	12	29	99	50	49	50
Hospital Advances		1	0	0	Ration Allowance	29	3	7	10	2	1	10
A-B 64												
P.&.R.O. Payments		1	0	0								
Cash Receipt 1865	29	3	90		Gr Bal.							
					<u>£8:7:0</u>							

£139.10

NEWFOUNDLAND

[Handwritten signature]

FORM K

Nº 6021



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Hall, Regl. No. 5382
 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}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Allotment begins July 15 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4524	Father	Mr Stephen Hall	Cochran	60
Total Allotment, \$			60	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.) Quartermaster
 Officer Commanding
C Company
A Jones
 June 26 1918

(Sig.) Joseph Hall
 (Rank) Pte.

OK # 1000

21 3 19

21/3/19 WSA
R. 1765

To Paymaster Royal Infirmary
Regt. Please Remit to

The sum of one Pound
of my Balance
may be due to me
5.362 P to
J. Case.



of J. Case
J. Case

21/3/19.

3rd LONDON GENERAL HOSPITAL
No. _____
21 MAR 1919
WARDSW. S.W. 18.

sea

Ward 8

3rd London General Hospital
Wandsworth

April 30-1919

To Paymaster R.N.F.L.D.

Sir,

Will you kindly remit me
£4.2.0 and deduct the same
from my credit and oblige,

Yours Truly

Pte J. Hall

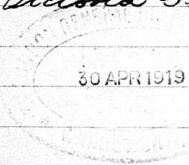
5382 1/2" R.N.F.L.D

Pd. by Cheque
to 543627 30-4-19
J Hall

Paymaster R.N.F.L.D.

Victoria St.

Approved.
J. J. Jones Capt.
Registrar, R.A.M.C.



3rd London General Hospital
WANDSWORTH, S.W.

Hall, J.

5382

Ray Sept.

July 19, 1919

#5382 Pte. Joseph Hall,

Codroy.

Dear Sir:-

Please find enclosed Discharge Certificate #3087.

Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5382 Rank Pte. Name Hall, J.
 Intended place of residence CORRIGAN
2. Occupation Sailor
 Classification of soldier A1 Medical Category 71
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 - 2 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, ST. JOHN'S
 Date JUL - 2 1919
 Signature of soldier Joseph Hall
 Signature of witness J. H. Snow Capt.

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 - 2 1919
 Signature of soldier J. Hall
 Signature of witness J. W. Charney Esq.

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 423

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 JUL 4 1919
 Date
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place, ST. JOHN'S
 Date July 18/1919
 Officer in Charge
 The Royal Newfoundland Regiment

AFB 2079/3087

The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No 5382

Name Hall Joseph Bank

Address Codroy

Present Medical Category A1

Recommended for : (a) Immediate discharge

(b) Standard Medical Board

Members of Board

Robt. Lait Major
O.C. Discharge Depot.

H. Robinson
Senior Medical Officer

D. W. Benden
M. O. Depot

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30-6-19

Regimental No 5382

Name Hall, Joseph

Rank

Address Codroy

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

R. H. J. J. J. J. J.

O.C. Discharge Depot.

Members of Board

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 422 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

Co. *Smisnie's Bn.*

Please receive documents as indicated below

No.	RANK AND NAME	N.F.P.38	Non-effective account.	Medical history sheet.	Nfd. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards					Attestation paper	Identity certificate	Allotment papers	A.P.W. 3463	Headquarters Travelling Board	Proceedings on discharge	D.F. 2	D.F. 1	
			B. 178	B. 178a	B. 179	B. 208	W. 3404	D. 400A	B. 103	B. 120	R. 121	B. 122	1st. Board	2nd Board	3rd Board	4th Board	Board	B. 101b	Form L	Form K							
1947.	A/c. Hall. J.																										/

Received above noted documents, _____
 Dated _____ 19 _____

Signature of Officer forwarding documents: _____

Date 7.7 1947



The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 3382 Rank Plt Name Hall

 Date of Enlistment 23.5.18 Address Coedroey District St. George

 Occupation Sailor Classification for Discharge 15 Medical Category H1

Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

 Date 30-6-19 L. O. C. Discharge Depot. St. George

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J Hall

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable \$500.00

 (b) Clothing Supplied MacBriston

 Date 2-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P2125 to his home
 at bodroy and Release Certificate No. 3102 issued.

Date

2-7-19

J. A. Snowball
 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 18-7-19

Date

2-7-19

J. M. ...
 Depot Paymaster.

Discharged approved for

4-7-19

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

N.F. 136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

2-7-19

J. A. Snowball
 O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 4 1919

R. H. Sait MAJOR
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Joseph Hall

Signature of Man.

J. H. Snowless

Signature of the Vocational Officer or his Representative.

Reg. No. 5382

Place

ST. JOHN'S.

Date

JUL -2 1919

191



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 Office 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 *Hall, Joseph*
Regiment from which discharged **Royal Newfoundland**
Regimental number *5382*
Intended address *Godroy*
Height on discharge *5* Feet *6*
Color of hair on discharge *Black*
Complexion *Fair*
Color of eyes *Brown*
Descriptive Marks _____
Figure on discharge *Medium*
Christian name of Father *Stephen*
Christian name of Mother *Sarah*
Wife's maiden name in full _____
Date and place of marriage _____
Christian names of children _____

Place and date of soldier's birth *Godroy, Aug. 10, 1897*
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)

Joseph Hall

(Rank) *Pte*

Station

Date *30-6-19*

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

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

Station

Date

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 New York*.....
2. Regt. No. *5382* 3. Rank *Private*.....
4. Name *Hart* *Joseph*.....
(Surname) (Christian Names)
5. Age last birthday *32*.....
6. Posted for duty on *May 18* at *St John's*.....
in category (or grade).....
7. Former Trade or Occupation } *Sailor*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

all

re.

He complains of no disability.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, Ac., 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?

re.

re.

re.

re.

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.

Reputation

W.E. Prosser *Cpt Klame*

Medical Officer in charge of case.

Station *H.A. Camp*
Date *20/5/19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—
(a) Any disability claimed or discovered.
(b) The present condition thereof.

22. 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 part of the soldier
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
 (b) Transport from railway station to his home?
 (c) The constant attendance of another person in his own home?

Signatures:—

Station *Harley Camp* } President or Chairman.
 Date } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
 Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station }
 Date } O.C. Discharge Centre.

V. Chue.

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 Newfind*.....
2. Regtl. No. *S' 382* 3. Rank. *pl.*.....
4. Name *Hall Joseph*.....
(Surname) (Christian Names)
5. Age last birthday. *22*.....
6. Posted for duty on *May 18* at *1906*.....
 in category (or grade).....
7. Former Trade or Occupation } *Sailor*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (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
- (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. }

(a) attributable to (b) aggravated by

True

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

na
He complains of a Disability

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.)

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.

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?

na
na
na
na

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. Procuier. Capt R.A.M.C.
Medical Officer in charge of case.

Station *H. D. Camp*

Date *20/5/19*

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier

Give details:

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

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazley Camp* { President or Chairman.
 Date } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
 Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T).)

Station
 Date O.C. Discharge Centre.

July 25, 1919

#5332 Pte. Joseph Hall,
Woodville,
Codroy.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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... *Joseph* 2. Surname... *Hall*
3. Rank... *Pt* 4. Regtl. No. *5382*
5. Address in full to which future payments of gratuity are to be forwarded... *Pt Joseph Hall Wood Hill Codroy*
6. Date of enlistment in the Regiment... *May 18th 1915*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Stephen Hall Codroy
8. Relationship of such dependents... *Son*
9. Address in full of such dependents... *Mr Stephen Hall
Codroy*
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. *On acty... England France
Germany*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *14 months*
..... 1. ²

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

..... *1 Newfoundland Regiment*

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?..... *No*

19. Are you now serving in the Regt.?..... *No* If not give:- (a) Date of discharge *July 2 1919* (b) Reason for discharge *Demobilizing*

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....

..... *France Belgium & Germany*

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *Joseph Hall*
 Place of Residence: *Godsby*
 Declared before me at: *St Johns*
 This *2nd* day of *July* 19. *19*....

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

[Handwritten Signature]

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

JUL. 2 - 1919

ST. JOHN'S,

Royal Newfoundland Regiment.

Billeting Account,

To Pt J Hall

Billeting Soldiers as undermentioned

from June 1 / 19 to June 28 / 19

5382 Pt J Hall 28 80

J Hall

ACCOUNT	<u>Btm</u>
CH NO	<u>2066</u>
PLT	<u>Cow</u>
COMP	
PAY	
GR	

Certified correct for \$ 28.80

J. A. Snowcraft
Billeting Officer.

clks.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to.

Joseph Hall

in respect of his service as No. 5382 Rank Pte.

Name

J. Hall.

Royal Nfld. Regt.

Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received

Medal

Signature

Joseph Hall

Date

Oct 22⁵

1921
'1

Address

Lodroy

[P.T.O.]

Receipt for Army Book 64

No. 5382 Name. Hall

To Certify that I have received the AB 64 of the above
named soldier.

Date. No. 3rd 1920 Name. Joseph Hall

Place. Godroy

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

Handwritten:
12 11/20
[Signature]

Army Form B. 103.

Regimental No. **CR 5382**

Casualty Form - Active Service.

Regiment or Corps **R. Newfoundland**

Rank **Pte** Surname **Ball** Christian Name

Religion **R. C.** Age on Enlistment **22** years **5** months

Enlisted (a) **23/5/18** Terms of Service (a) **Duration** Service reckoned from (a) **23/5/18**

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b) or Corps Trade and Rate

Occupation **Sailor** **W. Roy Capt** Signature of Officer.



Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		6 Gen H. Rowse. Adm: Influenza		8.2.19	Ha 24852
		Ca. 6 Gen H. Lo W.R. AMI. Formosa		8.3.19	08103583
		<i>[Signature]</i>			Capt for 2 Lt Col, 1/c No 1 Inf Section.
		<i>[Signature]</i>			

[Handwritten signature]

[Handwritten signature]

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 8/18. D & S. Form B/103. (E. 1256.)

Next of kin: **Father: Stephen Ball: Godroy: N. S. L. D.**

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 [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	22 years	months		Sailor
5382	Hall, Joseph	Place and Date of Enlistment	St Johns	Religion		R.C.
Joined	Date	Period of	with Colours	13 1/2 years.		Place of Birth
Joined	Date					
Joined	Date					

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
				Demobilized	St Johns	18 7/19			

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5384

DEMOBILIZATION OF

Reg. No. 5382 Rank Pvt. Name Hall J
 Date of Enlistment 23-5-18 Address Godroy District St. John's
 Occupation Sailor Classification for Discharge 1A Medical Category 1A
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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	5
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				

J. M. H.
O. C. Discharge Depot.

Date 30-6-19

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

APPROVED

J. Hall

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 _____

Alfred Smith

Date 2-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2125 to his home at bodyny and Release Certificate No. 3102 issued.

Date 2-7-19 J.A. Snowball
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 2-7-19

Date 2-7-19 J.A. Snowball
Depot Paymaster.

Discharge approved for 4-7-19
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
B179c	B 120	M 93		

Handwritten notes: 1, 2, Form B

Date 2-7-19 J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 4 1919 R.H. Sait MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date July 11 1919 [Signature]

Reg. No. *5382* Rank *Plt* Name *Neal Jr.*

Attested Address *Codroy*

Allotment Allottee

Date of Allotment Returned from Overseas *1-6-19*

Returned on S.S. *Cosican* Cause *discharge*

30.6.19
4.7.19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.