



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3604 Name Hubert Halloran Corps R. C.

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

1. What is your name? ..... Hubert Halloran
2. What is your full Address? ..... } 13 Signal Hill Road  
St. Johns
3. Are you a British Subject? ..... } yes
4. What is your age? ..... } 18 Years 1 Months
5. What is your Trade or Calling? ..... } Clerk
6. Are you Married? ..... } No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } No
8. Are you willing to be vaccinated or re-vaccinated? ..... } yes
9. Are you willing to be enlisted for General Service? ..... } yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 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? ..... } II. yes

I, Hubert Halloran ..... 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.

810-4-17

..... Signature of Witness.

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

Hubert Halloran ..... 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 11th day of April ..... 1917

Signature of Attesting Officer Thomas ...

### †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 ..... 1917  
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

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

Name Hubert Halleran  
 Apparent age 18 years 1 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Halleran  
13 Signal Hill Rd | 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 " _____ [ " " ] _____ " _____ "									



COPY.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname A. Allen Christian Name Hubert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. John's County Nfld.

Examined ... { on 16<sup>th</sup> day of April 1917.  
at Headquarters

Declared Age ... 18 years 1 month days.

Trade or Occupation ... black.

Height ... 5 feet, 7 inches.

Weight ... 116 lbs.

Chest Measurement { Girth when fully Expanded. 35 inches.  
Range of Expansion 4 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left  
Number / /

When Vaccinated ...

Vision ... { R.E.—V= 4/6  
L.E.—V= 4/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Col. Lamont Peterson  
(Rank) Major Medical Officer.

Enlisted ... { at St. John's.  
on 16<sup>th</sup> day of April 1917.

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	<u>3604</u>

Became non-effective by

on \_\_\_\_\_ day of \_\_\_\_\_ 1917

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
St James Infirmary Balham Dec 12	17	4	18	8	10	18	Left Wrist with Swollen Nerve	174	Nerve sutured 22/8/18	H. W. Welcome
4. L. G. Co. Hosp. Denmark Hill	17	4	18				G. S. W. L. Wrist		Limited movement. Atrophy. Contractures Medical Board	H. J. Shaw Maj. 4 F. G. H. Rene





Form Z179 N. M. D.

# Report of Medical Board.

Station **St. John's, Nfld** Date **DECEMBER 7th 1918.**  
 No. and Rank **3604. PRIVATE** Age **18 years** Height  
 Name **HALLERHAH, HUBERT** Complexion **SALLOW**  
 Unit **Royal Newfoundland** Eyes **GREY** Hair **DARK BROWN**  
 Address **13, SIGNAL HILL ROAD, ST. JOHN'S.**  
 Former Trade **CLERK**  
 Enlisted at **ST. JOHN'S** On **APR. 15th 1917.** (The Board will please note how the soldier's appearance corresponds with above description.)  
 Disease or Disability **Original**

**G. S. W. WRIST LEFT.**  
 Subsequent

Present Condition (Compare with previous Board)

**DISLOCATION OF HEAD OF LEFT RADIUS FROM FALL AT TIME OF WOUNDING -  
 CONSIDERABLE PAIN STILL IN ELBOW. WOUND AT LEFT WRIST STILL  
 DISCHARGING. CONTRACTION OF HAND. AND LIMITED MOVEMENT**

**THE ENTIRE DISABILITY:** To what extent is his capacity lessened at present for earning a livelihood in the general labour market?  
**100%**

**PENSIONABLE DISABILITY:** To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?  
**100% while under treatment.**

Recommendation of Medical Board **DISCHARGE PERMANENTLY UNFIT  
 ENTER N. & M. CONVALESCENT HOSPITAL**  
 Members of Board

**(SGD) CLUNY MACPHERSON, Major**

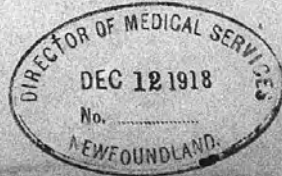
**(SGD) E. S. FRASER**

**J. SINCLAIR TAIT**

**D. M. S. NEWFOUNDLAND.**

**L. FATERSON, Major**

Approving Medical Officer.





Halleran, H.

3604

Haynes

COPY.

5

This space to be left blank for the Chelsea Number.

Army Form B. 268.

### Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 3604 Army Rank Private

Name Halloran Hubert  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depôt, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge December 21<sup>st</sup> 1918.

Place of discharge St Johns, Nfld

1. Description at the time of discharge.

Age <u>18</u> years <u>—</u> months	Descriptive marks.  <u>wound over wrist (left)</u>
Height <u>5</u> feet <u>7</u> inches	
Chest measure- ment { girth when fully expanded <u>—</u> ins. range of expansion <u>—</u> ins.	
Complexion <u>Sallow</u>	
Eyes <u>Grey</u>	
Hair <u>P. Brown</u>	
Trade <u>—</u>	
Intended place of residence (To be given as fully as practicable)	<u>13 Signal Hill Rd. St Johns Newfoundland</u>

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service on account of wounds received in action

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 480 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

A.A.B. 2079/112

15  
21  
20  
21  
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21  
20  
21  
20

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John \_\_\_\_\_

H Hallway (Signature of Soldier.)

(Date) 27/12/18 \_\_\_\_\_

W Newbury Sgt (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_  
(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

\_\_\_\_\_  
Signature

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

---

No Reservations  
A. Hallway

Witness W. A. Newby Sgt



## 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:

I am going into the Convalescent Home for treatment  
of arm.

*H. Halleray*

Signature of Man.

*E. O. McNeill*

Reg. No. *v 3604*

Signature of the Vocational Officer or his Representative.

Place

*M. John's*

Date

*Dec. 13*

191*8*

# Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.8.

**PART A.** Soldier's Name Halleran Buberh  
(Surname) (Christian names in full)

Unit from which discharged Royal Newfoundland Regt

Regimental Number 3604 Rank on discharge Plt Age on discharge 18

Married, widower with children, or single Single

Occupation before enlistment clerk

Special qualifications (if any) for employment in civil life /

Nature and locality of employment desired uncertain

Full postal address to which proceeding on discharge 13 Signal Hill Rd. St Johns Newfoundland.

Name of Approved Society (if any) /

**PART B.**

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
	...				India	
Disallowed				South Africa		
Service towards pension						

**PART C.** Number of G.C. badges medals

Wounds and actions in which received /

**PART D.** Where born (parish, town and county), and date St Johns 28/3/1900

Colour of hair on discharge DBrown Colour of eyes Grey Complexion Yellow

Christian name of father James

Christian name of mother Margaret

**NOTE.**—Army Forms D. 400 and W. 3463a and a are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and in Part A. of Army Form W. 3463a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full

Date and place of marriage

Christian names  
of children and  
dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full)

Station

Rank

Date

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. \_\_\_\_\_ King's Regulations

or

Transferred to Class\* \_\_\_\_\_ of the Reserve.

Strike out  
whichever  
is inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station

Date

191

Insert P., or P.(T).



MILITIA AND DEFENCE

4352 -

11th March, 1919.

OTTAWA.....191

The Secretary  
Canadian Patriotic Fund,  
St Johns,  
Newfoundland.

Re. 222106 - Pte. G. P. Pyke - "C" Co.

Dear Sir,

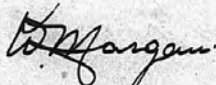
An urgent reply to my communication of the 28th  
January is requested. It read as follows:-

"Will you be good enough to call upon Mrs Mary  
Pyke of Portugal Cove, St Johns E. Newfoundland,  
ascertain and advise why Form of Statutory Declara-  
tion "Wife" sent to you on the 28th November, has  
not been completed and returned to this Office, in  
accordance with my request.

At the same time offer her any assistance neces-  
sary in its completion and return, in order that the  
suspension of her Separation Allowance by the Pay  
and Allowance Board may be avoided."

Yours truly,

WM/22



For Director S.A. & A.P.

COPY.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179a, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3604

Rank Private

ROYAL NEWFOUNDLAND REGIMENT.  
Unit and Corps }

Name Halleran Hubert  
(Surname) (Christian Names)

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*France  
Weeks 4  
Infantry.*

(b) In what capacity?

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

*L.S. wound in the left  
wrist, wounded 12<sup>th</sup> April  
1918.*

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Being treated for wounds at the  
St. Johns Ambulance Brigade Hosp.  
France,  
And at St. James Infirmary London.

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

No.

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

No.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

No.

7. What is the name and address of your last employer before joining the Army?

Wright & Sons Ltd  
St. Johns  
Newfoundland

8. (a) What was your occupation before joining the Army?

Clerk

- (b) What was your trade before joining the Army?

Clerk.

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station 4 I. G. H Denmark Hill

Signed (Soldier) Chas H. Callahan

Date 16/10/18

Signed Chas. Port. Lemon S.E.

Witness.

COPY.

Army Form B. 103.

Regimental Number. 8604

**Casualty Form—Active Service.**

Rank Pfc. Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT  
 Surname Halloran Christian Name A.  
 Religion R.C. Age on Enlistment 18 years 6 months  
 Enlisted (a) 16.4.17 Terms of Service (a) Duration Service reckons from (a) 16.4.18  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended { ..... } Re-engaged { ..... } Qualification (b).....  
 or Corps Trade and rate.....  
 Occupation Clerk Sgt. G.F. Garland / S.M. Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 219, 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. 32, or other official documents.
Date	From whom received				
			Embarked ...	<u>27.3.18</u>	
			Disembarked..	<u>24.3.18</u>	
	<u>Sgt. W. W. W. Ad. G.S.W. 7 West</u>		<u>Etaples</u>	<u>13.4.18</u>	<u>Box 21935</u>
	<u>Sgt. W. W. W. De Riez trans to England</u>			<u>17.4.18</u>	<u>W 3083</u>
			<u>Sgt. R. J. Filgate Capt</u>		
			<u>S.M.</u>		
			<u>Sgt. W. J. King. Sect</u>		
			<u>3 Section</u>		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, etc.

### Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

**PART** Soldier's Name Halleran Herbert (Christian names in full)

**A.** Unit from which discharged Royal New Zealand Regt.

Regimental Number 36041 Rank on discharge Pte. Age on discharge 18

Married, widower with children, or single Single

Occupation before enlistment Blank

Special qualifications (if any) for employment in civil life Blank

Nature and locality of employment desired Uncertain

Full postal address to which proceeding on discharge 13 Signal Hill Rd. Hobart New Zealand.

Name of Approved Society (if any) Blank

**PART** Nature of medical unfitness Blank

**B.** Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years \_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191 \_\_\_\_\_

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed on the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.) of King's Regulations.

*M. J. Margaret*

**CONFIDENTIAL.**

Army Form W. 3463a.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

**PART** Soldier's Name Halloran Hubert  
 (Surname) (Christian names in full)

**A.** Unit from which discharged Loyal Westmeath Regt

Regimental Number 36074 Rank on discharge Pte. Age on discharge 18

Married, widower with children, or single Single

Occupation before enlistment Electrician

Special qualifications (if any) for employment in civil life }  
 } \_\_\_\_\_

Nature and locality of employment desired Unemployed

Full postal address to which proceeding on discharge } 13 Signal Hill Rd St John's Westmeath  
 } \_\_\_\_\_

Name of Approved Society (if any) \_\_\_\_\_

**PART** Nature of medical unfitness \_\_\_\_\_

**B.** Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years \_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191\_\_\_\_.

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

St Johns 48/3/1900  
 James  
 Margaret

COPY

To be completed by the Officer i/c Records.

# The Royal Newfoundland Regiment

## DEMobilIZATION

### CIVILIAN CLOTHING GUARANTEE

I, No. 3604 Rank Plt Name Hallway, H

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 600

Date 27/12/18

St John

H. Hallway  
Signature of Soldier

W. Mawbray  
Signature of Witness

# ORIGINAL.

## LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 3604 Rank Private Name Halleran, H. Unit R. Newfoundland Regt who was Repatriated to Newfoundland on 12/11/18 Authority A.F.B.179 Cause Class A.

### STATEMENT OF ACCOUNT

DR.	PARTICULARS	£	s	d	PARTICULARS	£	s	d	CR.	
PERIOD FROM 13/4/18 TO 11/11/18  CHECKED 15/1/18	Balance Dr. from				Balance Cr. from C.Co. 12/4/18				2 5 2	
	Allotment 213 days @ 60¢	127	80		Pay 213 days @ \$1.00	213	00			
	Cash Payments: P.&R.O.			21	Field Allow 213 days @ \$.10	21	30		48 2 10	
	Hospital Advances			3	234 30			48		
	Acquittance Rolls: B.E.F.				Other Allowes days @ \$					
	Other Debits: Vr. 263.				Other Credits:					
	E.F.M's Wfld. 4/11/18				Ration Allowance			1	11 3	
	Cash P.&R.O. 11/11/18			1						
	<b>Total Debits</b>			<b>58</b>	<b>6</b>	<b>2</b>			<b>51</b>	<b>19 3</b>
	<b>Balance due by Paymaster</b>							<b>1</b>	<b>6 11</b>	
			<b>53</b>	<b>6</b>	<b>2</b>			<b>53</b>	<b>6 2</b>	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of \_\_\_\_\_

(Place) \_\_\_\_\_ (Date) 191

Made up/Checked in accordance with information received in the Pay & Record Office London to 10/11/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

10/11/18 191

*OK/WK*

*W.P. Hunt Hunt*  
Chief Paymaster & Officer in Charge Records.



**LAST PAY CERTIFICATE**

**DUPLICATE**  
**MAIL COPY**

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 3604 Rank Private Name Halleran, H. Unit Univ. Field Regt. who was Expatriated.  
to Newfoundland. on 11/11/18 Authority A.F.P. 179. Cause Class A. Authority

DR.

**STATEMENT OF ACCOUNT**

STATEMENT OF ACCOUNT

PERIOD:	PARTICULARS	£ s d				PARTICULARS	£ s d					
		£	s	d	£		s	d				
11/11/18 TO	Balance Dr. from				Balance Cr. from Coy. 12/4/18				2	5	2	
	Allotment 213 days @ 60¢	127	80	25	Pay 213 days @ £1.00	213	00					
	Cash Payments: P.R.O.			21	Field Allowance 213 days @ 10	21	30					
	Hospital Advances.			5	Other Allowances days @ 5	234	30	48	2	10		
	Accittance Rolls B.E.F.			7	Other Credits:							
13/4/18 FROM	Other Debits: Vr. 265.			3	1 1/2	Other Credits:						
	E.F.M's Wld. 4/11/18.			13	0	Ration Allowance.			1	11	3	
	<i>cash P.R.O. 11/18</i>			1	0	0						
	Total Debits			53	6	24	Total Credits			53	16	5
	Balance due by Paymaster			53	6	24	Balance due to Paymaster			53	6	2

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) \_\_\_\_\_ (Date) 191

Made up/Checked in accordance with information received in the Pay & Record Office, London 10/11/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Pay & Record Office, London

Chief Paymaster & Officer i/c Records.

10/11/18 191

*MJC*  
*11-11-18*

ORIGINAL

No. 20415

NEWFOUNDLAND CONTINGENT

N.F.P./54

No. 577

To The Hon. the Minister of Militia,  
St. Johns, Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on Account of  
Hospital Advances.

NOTE:- Charge under \_\_\_\_\_ Column  
Credit P. & R. O. London,

ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & Officer i/c Records,  
Newfoundland Contingent, 58 Victoria Street, London, S.W. 1.  
DUPLICATE to accompany PAY BOOK as VOUCHER.

Regtl No.	Rank & Name	Particulars and Authority	AMOUNT					
			£	£	£	s	d	
3604	pte H. Halleran	Casual Payme nts whilst at 4th London Gen.Hosp. 28/10/18, as per Vr.6999.				2	6	
<i>OK Wm</i>								
						2	6	

CHECKED

11-12-18

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,  
11th December 1918

*A. D. Stewart*  
Chief Paymaster & Officer i/c Records.

CERTIFIED that the above Stoppages/~~Credits~~ have been made  
in the Pay Book " " Company for period / / to / /

Dated at \_\_\_\_\_

191

O.C. " " Company,  
Battalion.

**DUPLICATE ORIGINAL**

No. 20415

N.F.P./54

**NEWFOUNDLAND CONTINGENT**

No. 577

To: The Hon. the Minister of Militia,  
St. John's, Newfoundland.

" " Company.

**MEMORANDUM OF STOPPAGES/CREDITS on Account of  
Hospital Advances.**

NOTE:- Charge under  
Credit P. & R. O. London,

Column

Regtl No.	Rank & Name		Particulars and Authority	AMOUNT						
				£	s	d	£	s	d	
3604	Pte	H. Halleran	Casual Paym nts whilst at 4th London Gen.Hosp. 28/10/18, as per Vr.6999.						2	6
									2	6

CHECKED.

*C.H.H.*  
11-12-18

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,  
11th December 1918

Chief Paymaster & Officer i/c Records.

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book " " Company for period / / to / /

Dated at \_\_\_\_\_

191

O.C. " " Company,  
Battalion.

ORIGINAL OF this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & Officer i/c Records,  
 Newfoundland Contingent, 58 Victoria Street, London, S.W. 1.  
 DUPLICATE to accompany PAY BOOK as VOUCHER.

No. 20415

DUPLICATE  
MAIL COPY

NEWFOUNDLAND

CONTINGENT

N.F.P./54

Posted 26 DEC 1918

No. 577

The Hon. the Minister of Militia,  
St. John's, Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS of  
Hospital Advances.NOTE: - Charge under  
Credit P. & R. O. London,ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & Officer i/c Records,  
Newfoundland Contingent, 58 Victoria Street, London, S.W. 1.  
DUPLICATE to accompany PAY BOOK as VOUCHER.

Regtl No.	Rank & Name		Particulars and Authority	AMOUNT				
				£	s	d		
3604	pte	H. Halleran  OK en	Casual Paym nts whilst at 4th London Gen.Hosp. 28/10/18, as per Vr.6999.				2	6
							2	6

CHECKED.

11-12-18

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,  
11th December 1918

Chief Paymaster &amp; Officer i/c Records.

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book " " Company for period / / to / /

Dated at \_\_\_\_\_

191

O.C. " " Company,  
Battalion.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

August 19th., 1919.

From:- D. M. S.  
To :- The Paymaster.

---

3604, Pte. Halleran, H.

Please note that the marginally noted man was discharged from the Empire Hospital August 11th., 1919.

AMB.

Major, D. M. S.

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 question 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, WY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Hubert* ..... 2. Surname *Halloran* .....
3. Rank *Private* ..... 4. Regt. No. *3604* .....
5. Address in full to which future payments of gratuity are to fax be forwarded. *13 Squire Hill Road* .....
- St. Johns* .....
6. Date of enlistment in the Regiment. *14<sup>th</sup> April 1917* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....
8. Relationship of such dependents. *Not applicable* .....
9. Address in full of such dependent. *Not applicable* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable* .....
11. Were you on active service only in field. If so, give dates, and particulars of such service. *Not applicable* .....
12. Give total length of time which you served on active services, whether in field, or overseas. *21<sup>st</sup> ch.* .....
- 14<sup>th</sup> April 1917 to 1<sup>st</sup> December 1918* .....
- MA*

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

*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

*\$32.33 post. pay. received  
- Sergeant Newbury*

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?.....

*Not applicable*

19. Are you now serving in the Regt.? *No* If not give:- (a) Date of discharge, *Dec. 21<sup>st</sup> 1918*..... (b) Reason for discharge.....

*Physical Unfitness resulting from wounds received in action*

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.....

*In France from March 1<sup>st</sup> 1918 to April 12<sup>th</sup> 1918*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *Yes*

(b). If (a), are you in receipt of full payment allowances from that Committee..... *Yes*

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:

*Hubert Halloran*  
13 Signal Hill Rd.

Place of Residence:

Declared before me at:

*Saint John's Newfoundland*

This

*2<sup>nd</sup>*

day of *February* 19*19*.

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

*John Jewell*  
*Barrister at Law*  
*&*  
*Notary Public.*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
	<i>.60</i>		<i>4 mos.</i>	<i>280.00</i>
<i>24.1.19.</i>	<i>32.40.</i>		<i>6A</i>	<i>33.00</i>
	<i>33.00</i>			<i>247.00</i>
Certified Correct.			Paymaster.	





June 5th 1920.

Major Howley  
O. I. C. Records

Please pay to H. Halleran, 3604  
the sum of seven dollars and fifty cents  
in payment of 5 days allowance to care  
and charge same to Civil Re-establishment Committee

\$7.50

ACCOUNT	Pension	\$15.00
CH. NO.	38934	INITIALS <i>all</i>
DATE	1920	
<i>[Signature]</i>		
INITIALS		CH. NO.
		ACCOUNT

*J. C. A. W. W. Mitchell,*

Vocational Officer

*Halleran*

BB\*KB

Sept. 10th, 1920.

Major Howley,  
O. I. C. Pay & Records.

Please pay to Herbert Halleran, 3604,  
the sum of sixty dollars,  
in payment of advance of allowances. Charge same to the Civil  
Re-establishment Committee.

\$60.00

J. C. B. W. W. Mitchell.  
Vocational Officer.

ACCOUNT	
CH. NO. <u>2388</u>	INITIALS <u>JH</u>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS <u>JH</u>
GEN. LEDGER	INITIALS

J. C. B.  
H. Halleran

Sept 17 1920

Major Howley  
O. I. C. Records

Please pay to H. Halleran, 3604  
the sum of forty five dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$45.00

Pension \$15.00

ACCOUNT		INITIALS
CHK. NO.	2536	GH
INL. LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN. LEDGER		INITIALS

J. C. R.  
W. W. Stokell  
Vocational Officer

H. Halleran

Sept 4 1920

Major Howley  
O. I. C. Records

Please pay to H. Halleran, 3604  
the sum of ten dollars and fifty cents  
in payment of allowance for week ende this date  
and charge same to Civil Re-establishment Committee

\$10.50

Pension \$15.00

ACCOUNT	
CH. NO. 2239	INITIALS <i>CH</i>
INL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

*Chas. M. Graft*

*W. W. Stebbell*  
Vocational Officer

*Chas. M. Graft*



THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

Dec. 13th, 1918

From Asst. Adjutant,  
 Depot

To Paymaster and Officer i/c Records,  
 Militia Department

3605 Pte. H. Haloran

*Repatriation*

The above noted man was recommended for discharge as permanent -  
 ly unfit and admission to Naval & Military Convalescent Hospital  
 by Medical Board held on Thursday, December 12th.

I am sending him herewith for your attention and necessary action,  
 please, and have given him verbal instructions to report to D.M.S.  
 after he has finished his business with you.

Copy to D.M.S.

AC

*Colo. Aubrey Cap* Ass't Adjutant

Depot The Royal Newfoundland Regiment

St. John's, Nfld.

*By R. P. Edwards*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

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

Aug 15 19 19

Received from the First Newfoundland Regiment  
the sum of Seventy ..... Dollars.  
on account of Pay. W. L. L.  
balance

H. Halloran

Ch. No. 8072	Initials. P. J. B.
Pay Ledger 203	Initials. W. L. L.
Gen. Ledger.....	Initials.....

Regt. No. 1st Rank 4  
A. C. S.

No. 3604

Rank *Pl*

Name

*H. Haller*



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER,

\$70<sup>00</sup>

Sept. 18<sup>th</sup> 1919

Received from the First Newfoundland Regiment  
the sum of Seventy ~~5~~ <sup>xx</sup> Dollars.

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

Lubbock Halloran

Ch. No. 111.25	Initials..	C.B.H.
Pay Ledger 403	Initials..	C.B.H.
Gen. Ledger.....	Initials.....	

Regtl. No. 3604 Rank

noted

No. 3604

Rank *Pte*

Name *H. Halleran*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 37<sup>00</sup>

October 18<sup>th</sup> 1919

Received from the First Newfoundland Regiment  
the sum of Thirty Seven \_\_\_\_\_ Dollars.  
on account of Pay. U.S.G. \_\_\_\_\_  
balance \_\_\_\_\_

A. Halliday

Ch. No. 16814	Initials. EW
Pay Ledger. 403	Initials. EW
Gen. Ledger.....	Initials.....

Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

A. J. J.

No. 3604

Rank

Pvt

Name

H. Halligan

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 32  $\frac{40}{xx}$

Jan'y 24 19 19

Received from the First Newfoundland Regiment  
the sum of Seventy two  $\frac{40}{x}$  Dollars.  
on account of Pay. P. D. P. of Hallway  
~~balance~~

Ch. No.	8723	Initials	JH
Pay Ledger	403	Initials	aux
Gen. Ledger		Initials	

Regtl. No. ....

Rank .....

Fred. G. Jones

No. 3604

Rank P. C.

Name Halloran H

N. Halloran

C.R. 3604

~~Handwritten signature~~

*Originals*

This space to be left blank for the Chelsea Number.

Army Form B. 268.

### Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>3604</u>	Army Rank <u>Plc.</u>																					
Name <u>Halloran Robert</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																						
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>																						
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>																						
Date of discharge _____																						
Place of discharge _____																						
<b>1. Description at the time of discharge.</b>																						
Age <u>18</u> years _____ months Height <u>5</u> feet <u>7</u> inches Chest measure { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>Yellow</u> Eyes <u>Grey</u> Hair <u>D. Brown</u> Trade _____ Intended place of residence <u>32 Reginald Hill Rd.</u> (To be given as fully as practicable) <u>St. Johns Newfoundland.</u>	Descriptive marks. <u>Wound scar wrist (left)</u>																					
<p>2. The above-named man is discharged in consequence of _____</p> <p>_____</p> <p>_____</p> <p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>																						
<p>3. Military character:— _____</p> <p>4. Character awarded in accordance with King's Regulations:— _____</p> <p>_____</p> <p>_____</p>																						
To be filled in on the soldier quitting the Colours.	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="3">COPIES SENT</th> </tr> <tr> <th>To</th> <th>No.</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>M. of M.</td> <td><u>18249/186</u></td> <td><u>11 18 1864</u></td> </tr> <tr> <td>O.C. 1st. Bn.</td> <td></td> <td></td> </tr> <tr> <td>" 2nd. Bn.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	COPIES SENT			To	No.	DATE	M. of M.	<u>18249/186</u>	<u>11 18 1864</u>	O.C. 1st. Bn.			" 2nd. Bn.								
	COPIES SENT																					
	To	No.	DATE																			
	M. of M.	<u>18249/186</u>	<u>11 18 1864</u>																			
O.C. 1st. Bn.																						
" 2nd. Bn.																						
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.																						
_____ Initials of Commanding Officer.																						
Army Form B. 2088 has been issued to*																						



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

# MEDICAL HISTORY

OF

Surname Halloran

Christian Name Hubert

Table I.—GENERAL TABLE.

Birthplace:—Parish St John County Infld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>16<sup>th</sup></u> day of <u>April</u> 191 <u>7</u>		on      day of      191	
	at <u>Headquarters</u>		at	
Declared Age	<u>18</u> years <u>1</u> month <u>0</u> days		years	days
Trade or Occupation	<u>Clerk</u>			
Height	<u>5</u> feet <u>7</u> inches		feet	inches
Weight	<u>116</u> lbs.			lbs.
Chest Measurement {	<u>35</u> inches			inches
	<u>4</u> inches			inches
Physical Development				
Vaccination Marks {	Arm			
	Number	<u>1</u>		
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Liam O'Sullivan</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John</u>		at	
	on <u>16<sup>th</sup></u> day of <u>April</u> 191 <u>7</u>		on      day of      191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>44<sup>th</sup> Infld</u>	<u>8604</u>		
Transferred to	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>			
Became non-effective by				
	on      day of      191		on      day of      191	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
St. James Infirmary Batham, S.E. 12	14	4	19	8	10	18	g. Sw. L. wrist S. No. 14 wrist	14	blun (unc) sutund 20/8/18.  limited movement. Atrophy. contracture Medical Board.	H. Macormac  W. Stone
	17	4	18							

140 WATER GATE, LONDON, W. 1. S. 1. 1. 1.  
 DENMARK HILL, S. E. 1. 1. 1.

W. Stone  
 MEDICAL OFFICER  
 140 WATER GATE, LONDON, W. 1. S. 1. 1. 1.



## Report of Medical Board.

Station St. John's, Nfld Date DECEMBER 7th 1918.  
 No. and Rank 3604. PRIVATE Age 18 years Height  
 Name HALLERHAN, HUBERT Complexion SALLOW  
 Unit Royal Newfoundland Eyes GREY Hair DARK BROWN  
 Address 13, SIGNAL HILL ROAD, ST. JOHN'S.  
 Former Trade CLERK  
 Enlisted at ST. JOHN'S On APL. 15th (The Board will please note how the soldier's appearance corresponds with above description.)  
 1917.  
 Disease or Disability Original

G. S. W. WRIST LEFT.

Subsequent

Present Condition (Compare with previous Board)

*Dislocation of head of radius from fall at time of wounding - Considerable pain still in elbow  
 Wound at left wrist still discharging, Contracture of hand and limited movement*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *100%*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *100% which includes treatment*

Recommendation of Medical Board

*Wheeler permanently unfit* members of Board  
*John W. C. C. C.*

*Clayton Macpherson*  
 major  
 D. M. S. NEWFOUNDLAND.

Approving Medical Officer.



**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. (I), 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 *R. Tank Found Band* } Former Trade } *Clerk*  
or Occupation
2. Regtl. No. *3604* 3. Rank *Pvt* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Halleran Hubert* }  
(Surname) (Christian Names)
5. Age last birthday *18*
6. Posted for duty on *12 April 1918* at *St. John's Tank Found Band*  
in category (or grade) *1st Lt.*
8. If the disability is an injury was it caused  
(a) in action *Yes* (b) on field service *Yes*  
(c) on duty *Yes* (d) off duty? *Yes* (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (b) Where  
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179a (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 on in answer to question No. 19). If no disability enter "nil"  
*G. P. W. wrist left*  
*12 April 1918*  
*France*
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.  
*Battle Casualty*

**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.

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service                            | Yes                 | ✓                 |
| (iii.) Climate in pre-war service                        | ✓                   | ✓                 |
| (iv.) Ordinary military service before the war           | ✓                   | ✓                 |
| (v.) Serious negligence or misconduct on the man's part. | ✓                   | ✓                 |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? ✓

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist report is to be obtained 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.)
- Limited movement*  
*Atrophy, Contracture; extension in movement of tendons - nerve suture. (left wrist).*

16. Was an operation performed? If so, when and what was its nature?  
*Nerve suture (ulnar)*

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? *Yes P. U.*

(b) Change to United Kingdom? ✓

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

64 LONDON GENERAL HOSPITAL, S.A.M.S.

DENMARK HILL, S.E. 5.

Station

Date 27.10.18

\* 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.

*Medical Officer in charge of case.*

22. State whether the disabilities are:—
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war                              | Yes                 | ✓                 |
| (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:

*G.S.W. left wrist.*  
*Lesion of ulnar nerve. Atrophy.*  
*Contracture. Limited movement of wristed muscles*

- 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 *2 years*

(a) How long is the present degree of disability likely to last? *2 years*

(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?

30%  
total

nil

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

v

If the Military Member is in disagreement with the Civilian Member, 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?

Yes

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)?

1

Only to be assessed 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?

Yes

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

Yes

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?

No

4th LONDON GENERAL HOSPITAL, R.A.M.C.  
DENMARK HILL, S.E. 5.

Signatures: J. W. ...  
M. ...

President or Chairman.

Station

Date

95.10.18

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

4th LONDON GENERAL HOSPITAL, R.A.M.C.  
DENMARK HILL, S.E. 5.

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Station

Date

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

To be attached to Page 2 of A.F. B. 179A. A.F. B. 179P. (Additional).

The answer to this question 16 should be copied from A.F. B. 179A and signed by the Officer in Medical charge of the case and the Officer in charge of Hospital before the papers are despatched from the Hospital.

16. Was an operation performed?

If so, what

*Suturing blood vessels*

Date

*29-10-18*

Officer in Medical charge of case.

To be detached and handed to the man on his discharge from the Hospital.

*Major General*  
4th London

*Sherrin*  
Officer in charge of Central Hospital



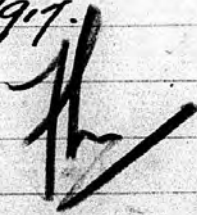
3604. Halloran N.

This man has a Debt balance  
against him to and in favor of  
Sep: 30<sup>th</sup> 1917. of Two dollars and  
ten Cents (\$2<sup>10</sup>).

Attest for O.C. & COY.  
1st. NEWFOUNDLAND REGIMENT,  
ST. JOHN S, NFLD.

Alphon. M.

Oct. 2<sup>nd</sup> 1917.



COPY





TREATMENT CARD.

Name Halloran Herbert

Late Regtl. No., Rank and Corps 3604. Pte.

Home Address 13 Signal Hill Rd, St Johns Newfoundland, Regt

Hospital from which discharged \_\_\_\_\_

Date of discharge 7. 11. 15

Nature of disability G. S. W. (wrist) left

This card is to be despatched to the Local War Pensions, etc., Committee, where the man proposes to reside when he is about to be invalided from the Service and discharged from Hospital.

In the case of a man who has previously been discharged from the Service, the card will be clearly endorsed in red ink—"Post-discharge case."

A copy of this card is to be given to the man on his discharge from Hospital.

II. Particulars of treatment recommended [in-patient or out-patient, and hospital at which it should be given, &c.—see A.C.I. on the subject].

*As required*

4th LONDON GENERAL HOSPITAL, R A M C.

DENMARK HILL, S.E. 5.

Place

Signature: *W. H. H.*

Date

*1. 11. 18*

Officer i/c Hospital.

On receipt of this card the Local Committee will arrange for the treatment to be indicated with the appropriate hospital, and send the card to the Officer i/c that hospital.

III. Particulars of treatment given:—

Effect of treatment given:—

Place

Signature

Date

Officer i/c Hospital.

On completion of treatment this card is to be forwarded by the Officer i/c Hospital to the Local War Pensions, &c., Committee, who will retain it for record.

TREATMENT CARD.

Name Halloran Herbert.

Late Regtl. No., Rank and Corps 3604. Pl.

Newfoundland. Rgt.

Home Address 13 Signal Hill Rd.

St. Johns, Newfoundland

Hospital from which discharged

**4th LONDON GENERAL HOSPITAL, R.A.M.C.  
DENMARK HILL, S.E. 5.**

Date of discharge 1. 1. 18

Nature of disability G. I. W. (wrist left)

This card is to be despatched to the Local War Pensions, etc., Committee, where the man proposes to reside when he is about to be invalided from the Service and discharged from Hospital.

In the case of a man who has previously been discharged from the Service, the card will be clearly endorsed in red ink—"Post-discharge case."

A copy of this card is to be given to the man on his discharge from Hospital.

[P.T.O.]

II. Particulars of treatment recommended [in-patient or out-patient, and hospital at which it should be given, &c.—see A.C.I. on the subject].

*As required*

4th LONDON GENERAL HOSPITAL, R.A.F.C.

Place DENMARK HILL, S.E. 5. Signature *J. W. Sherr*

Date

*1. 11. 18*

On receipt of this card the Local Committee will arrange for the treatment above indicated with the appropriate hospital, and send the card to the Officer i/c that hospital.

III. Particulars of treatment given:—

Effect of treatment given:—

Place

Signature

Date

Officer i/c Hospital.

On completion of treatment this card is to be forwarded by the Officer i/c Hospital to the Local War Pensions, &c., Committee, who will retain it for record.

**Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.**

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W(T), P, or E(T), of the Reserve, as follows:—  
 (a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.  
 (b) By the Officer in Charge Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before signing the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer in Charge Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W. 3.

**PART A.** Soldier's Name Walker, Robert (Surname) Robert Walker (Christian names in full)

Unit from which discharged 1st Royal Buffs

Regimental Number 3004 Rank on discharge Private Age on discharge 18 1/2

Married, widower with children, or single single

Occupation before enlistment clerk

Special qualifications (if any) for employment in civil life none

Nature and locality of employment desired uncertain

Full postal address to which proceeding on discharge 143 Signal Hill Rd. St. Johns Newfoundland

Name of Approved Society (if any) none

**PART B.**

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
				India		
				South Africa		
Disallowed						
Service towards pension						

**PART C.** Number of G.C. badges 1 medals 1

Wounds and actions in which received none

**PART D.** Where born (parish, town and county), and date St. Johns. 1900. 28th March

Colour of hair on discharge Brown Colour of eyes Blue Complexion Fair

Christian name of father James

Christian name of mother Margaret

NOTE.—Army Forms D. 400 and W. 3463a and b are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463a are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a and a are to be completed by the Officer in Charge hospital before a soldier is brought before an Invaliding Board. The Statements of Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463a are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.



Wife's maiden name in full \_\_\_\_\_  
Date and place of marriage \_\_\_\_\_

Christian names of children and dates of birth \_\_\_\_\_

Date and place of 1st enlistment 11<sup>th</sup> April St Johns Newfoundland

Figure on discharge 11110

Descriptive and other distinguishing marks Wound Scar Waist Neck

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) Robert Halliday

Station H<sup>rs</sup> London General Rank 11110  
Date 16. 10. 18

I certify that the above-named soldier signed the foregoing declaration \_\_\_\_\_

(Rank) 11110  
O.C. unit or Officer i/c Hospital.

THE CONTROLLER,  
MINISTRY OF PENSIONS,  
BURTON COURT,  
KING'S ROAD,  
LONDON, S.W.3.

The soldier named overleaf was  
Discharged under para. \_\_\_\_\_ King's Regulations  
or  
Transferred to Class \* \_\_\_\_\_ of the Reserve.

Strike out  
whichever  
inapplicable.

Military character \_\_\_\_\_

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station \_\_\_\_\_

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

\* Insert P., or P(T).

**Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.**

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

**PART A.** Soldier's Name Halloran Andrew  
(Surname) (Christian names in full)

Unit from which discharged 1 Roy Newfoundland Rgt.

Regimental Number 3604 Rank on discharge Rt. Qtr. Age on discharge 18

Married, widower with children, or single Single

Occupation before enlistment Clerk

Special qualifications (if any) for employment in civil life —

Nature and locality of employment desired Uncertain

Full postal address to which proceeding on discharge 13 Signal Hill Rd. St. John's Newfoundland

Name of Approved Society (if any) —

**PART B.** Nature of medical unfitness —

Service with Colours — years — days, of which — years — days were served abroad during the present war.

Military character —

Anything against the soldier to render his recommendation undesirable —

Date of discharge — 191—

Station —

Date — Officer i/c Records —

To be completed by the Officer i/c Records.

**NOTE 1.**—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *2604*Rank *Pte*Name *Halloran Hubert*

(Surname)

(Christian Names)

Unit and Corps

*R. Newfoundland Regt*

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.  
 (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*France.**Wales 4.*

(b) In what capacity?

*Infantry*

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

*G. S. Wound in the left wrist, wounded 12<sup>th</sup> April 1918.*

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

been treated for Wound at  
the St. John's Ambulance Brigade  
Hospital France, and at  
St. James Infirmary, London.

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

No.

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

No

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

No

7. What is the name and address of your last employer before joining the Army?

Agre & Sons Ltd.

St. John's Newfoundland

8. (a) What was your occupation before joining the Army?

black

(b) What was your trade before joining the Army?

black

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *H. H. Lee General*

Signed (Soldier) *H. H. Lee*

Date *16.10.17*

Signed *Pete Lemon J. E.*

Witness.

# MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name N. Hallsan Hubert (Surname) Hubert (Christian Name) Regt. No. 3604 Rank Rgt Unit and Corps Roy. Dev. Br. (Infantry)

1. State the nature of the disability or disabilities from which this man is suffering.

G. C. W. wrist (left)

2. What is the present condition of such disability or disabilities?

Limited movement of left wrist, degenerative of tendon, lesion ulnar nerve

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the incalculable disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis .. .. .
- (b) Hospital, and if so, what class? .. .. .
- (c) Convalescent Home .. .. .
- (d) Asylum, or .. .. .
- (e) Other institution .. .. .
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

Out-patient.

4. With reference to Army Council Instructions, is any surgical appliance recommended?

✓

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Yes

**14th LONDON GENERAL HOSPITAL, R.A.M.C.**  
Signature .. .. .  
**DENMARK HILL, S.E. 5.**

J. W. ... President.  
J. ... Members.

Station .. .. .  
Date .. .. . 25.10.18.

**14th LONDON GENERAL HOSPITAL, R.A.M.C.**  
Approved .. .. .  
Station .. .. .  
Date .. .. . 1.11.18.

J. ...  
OFFICER IN CHARGE  
General Hospital, R.A.M.C.  
14th London General Hospital, P.T.O.



# 1ST. NEWFOUNDLAND REGIMENT

## MEMORANDUM

No. 228.

FROM-

**HEADQUARTERS.**

**ST. JOHN'S**

**NEWFOUNDLAND.**

**October 6th, 1917**

TO

**Paymaster & O.i/c Records,**

**London, S.W.**

18023

SUBJECT.

Re Pay Draft "G" Co'y.

REFERENCE NOS. \_\_\_\_\_

REPLY

DATED 10th, November 1917

PLEASE RETURN ORIGINAL AND RETAIN DUPLICATE

I enclose herewith copy of  
Memorandum received from  
Officer Commanding. *H.G.*

**Lieut.**  
**Officer i/c Records.**

**Noted. Debit balance \$8.10**  
in No. 3804, Pte. Hallerahan's  
account has been credited to  
Headquarters.

*[Signature]*  
Major,  
Chief Paymaster & O. i/c Records

FM/WF

1ST NEWFOUNDLAND REGIMENT  
HEADQUARTERS OFFICE  
✓ 6207  
25 OCT 1917

NOTED  
File No. *900 N 986*  
C.O.M.S.  
Date *9.11.17*

COPY



October 3rd, 1917.

From : O. C. G. Co.,  
1st. Newfoundland Regt.  
St. John's, Nfld.

To: Deputy Paymaster.

Sir,-

Re Company Pay for Draft of this Co'y,  
embarking for overseas to-day. I beg to inform you that all  
have been paid up to and including Sept. 30th, and one man  
#3604 Pte. T. Hallerahan has a Debit balance brought forward  
to October month A/c \$2.10.

I have the honour to be,

Sir,

Your obedient servant.

(Sig) C.C.Duley,  
2/Lt. & O.C.CO's.

8434/19

St. James Infirmary  
Ed ham, S. W.

30th May 8

3804 Pte

Hubert Halleran  
10:0

8151



May 27<sup>th</sup> 1918.

The Paymaster  
Royal Newfoundland Regiment

Kindly advance my account  
sum of 10/- (Ten shillings).

Hubert Halloran.

#3604 And. 3464/19/30/5/18 8464

NEWFOUNDLAND REGIMENT.

PAY & RECORD OFFICE,

Hubert Halloran 19  
Royal Newfoundland Regiment.

29 MAY 1918

Approved

Signed, *W. Macdonald*

M.O. I/C

1  
CASH  
P & C  
R. & C  
B & F  
P.S.

21.00

7/5/18  
27. 5. 18.

St James Infirmary  
Ouseley Road  
Bathman Sea  
(Ward E.2) London.

OFFICE: SANDGATE,  
WORKS: FORT STREET,  
YARDS: GREEN STREET AND  
YORK STREET LANE.

ON ADMIRALTY LIST.  
Established 1879.

TELEPHONE No. 5X.

# WILLIAM AULD & SONS,

Sole Partner  
WM. AULD

Registered Plumbers,  
Gasfitters,  
Slaters, Glaziers;  
Sanitary, Heating,  
and  
Electrical Engineers.

70 Sandgate,

Ayr, N. B.,

4<sup>th</sup> May 1918.

Pay Record Office  
58 Victoria St.

London E.C.1

We shall be  
glad if you can furnish us with  
the present postal address of  
63604 Pte. H. Halloran 1<sup>st</sup>  
Batt. Royal Newfoundland Regt;  
who was wounded in France  
about 13<sup>th</sup> Octo.

NEWFOUNDLAND CONTINGENT,  
PAY RECORD OFFICE.

Ref. Nos. 11/4049

Recd. 6 MAY 1918

Ackd. 6 MAY 1918

Ref. Nos. 11/4049

WILLIAM AULD & SONS

BY

Let. No.

Contd.

P & C 6/5/18 JH

B & F

P.S.

Clothes of all  
of all sizes  
Hospital at Belton



June 13<sup>th</sup> 1918.

The Paymaster,  
Royal Newfoundland Regt.

Kindly advance my account - Sum of =  
(two Pounds) £ 2.

Hubert B. Halleran.

3604

Pt. H. B. Halleran.

Royal Newfoundland Regt.

Approved.....

*Wm Macconnac*

C. M. O.,  
St. James' Infirmary,  
Balham, S. W1 12.  
13. 6. '18



St. James Infirmary,  
Dursley Road  
Balham  
London

*£ 2. 0. 0*  
*13 6 18*  
*Receipt no. 7711*

O.K.

£1.0.0

19/9/18 W.R.

Receipt No 8482

Sept 20 1918.

The Pay Master  
Royal Newfoundland Regt.

Please Advance My account Sum  
of (One Pound) £1.

H. Halleran.

3604

Pte H. Halleran.

1<sup>st</sup> Batt.

Royal Newfoundland Regt.

St. James Infirmary  
Cusley Road  
Balham, S.W.

Approved

M. O. I/C.,  
St. James' Infirmary,  
Balham, S. W. 12.

27/11

EXTRACT OF TELEGRAM.

Despatched 4/1/19, (8):

Military. St. John's.

~~"With reference to your telegram December 31st- 3604- Halleran-  
"remittance- you can pay-"~~

SYNOPTICAL.

WRU

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM full text  
extract from MINISTER OF MILITIA No. G.28/31

Dated 1 / 1 / 19 ( 25 ), Received 1 / 1 / 19

Decoded by J.R.B. Checked by F.C.

Branch Pay Acted upon (Initial)

Acknowledged per No.                      dated / /

590.

With reference to my telegram Dec 23rd. With reference <sup>to</sup> my telegram Dec 27th- 3604 Halleran- reply immediately.

*Replied to  
3/1/19  
J.R.B.*

Pet sent in January was received 22/3/18

forwarded to Depot same day

Pet No 2 was received ~~20/6/18~~ 20/6/18 & forwarded 21/6/18

to the Gas Infirmary Barchin

M.P.

1918  
27/5/18

13 Signal Hill  
St Johns P. 750  
May 14<sup>th</sup>  
1918

Major Gimwell  
Dear Sir

I sent a parcel in  
January to 3604 Pte Hubert  
Gallerah and the last letter  
I received from him he  
said he did not receive it  
yet. If you would be kind  
enough to look it up &  
send it too St James  
Infirmary as he is there  
at present he would be  
very pleased I am sure  
to receive it after coming  
out of the trenches. There  
are articles in it that he  
needs badly I am sending  
a parcel now posting it  
with this letter please send





10051/1/R.&O.

24th June,

8.

Mrs. James Halleran,  
3, Signal Hill Road,  
St. John's, N.F.

Madam,

3604, Pte. H. Halleran. ✓

I have received your letter 14/5/18 (5440) regarding parcels addressed to the above-named Soldier, and beg to inform you that the parcel sent in January was received here 22/3/18 and ~~is~~ forwarded to the Regimental Depot, where Pte. Halleran then was, on the same day. The other parcel you speak of was received 20/6/18 and forwarded 21/6/18 to St. James' Infirmary, Balham.

I am, Madam,  
Your obedient servant,

Chief Paymaster & O. 1/c Records.

HA/NV

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No 5804 Rank Private Name Halloran, H. Unit Royal Wfld Regt. who was Repatriated.  
to Newfoundland. on 11 11 18 Authority A.F.B.170. Cause Class A.

STATEMENT OF ACCOUNT

DR.

CR.

PERIOD: FROM 13/4/18 TO 11/11/18

PARTICULARS					£	£	£	s	d	PARTICULARS					£	£	£	s	d	
Balance Dr. from										Balance Cr. from <u>C Coy. 12/4/18</u>								2	5	2
Allotment <u>215</u> days @ <u>50¢</u>					127	90	26	5	2½	Pay <u>215</u> days @ <u>\$ 1.00</u>					215	00				
Cash Payments <u>P. &amp; R.O.</u>							21	10	0	Field Allice <u>215</u> days @ <u>\$ .10</u>					21	50				
Hospital Advances.							5	7	6	Other Allice days @ \$					234	50	48	2	10	
Acquittance Rolls <u>B.E.F.</u>								7	4	Other Credits:										
Other Debits: <u>vr. 265.</u>								3	1½	Ration Allowance.								1	11	3
<u>E.F.M's Wfld. 4/11/18.</u>								13	0	Total Credits										
<u>Cash P &amp; R.O 11/18</u>							1	0	0	Balance due to Paymaster								51	19	3
Total Debits							53	6	2	Total Credits								51	19	3
Balance due by Paymaster										Balance due to Paymaster								1	6	11
							53	6	2									52	6	2

CCP  
18249  
NF 11/18  
34

MBC  
4-11-18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) \_\_\_\_\_ (Date) 191  
Made up/Checked in accordance with information received in the Pay & Record Office London to 10 11 18  
and is therefore subject to amendment if and as may be found necessary.  
Pay & Record Office, London,

10/11/18 191

Chief Paymaster & Officer i/c Records.

No.  
94

*pay*

# ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES  
CABLEGRAM

SENT

FOR STAMPS

Prefix Code

At \_\_\_\_\_  
To \_\_\_\_\_ By \_\_\_\_\_

WORDS

CHARGE

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL  
POST OFFICE TELEGRAPH STATIONS.

4/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To MRS HALLERAN

13 SIGNAL HILL ROAD STJOHNS (Newfoundland)

CABLE FIVE POUNDS THROUGH MILITIA

HALLERAN

*Expense Rate 1/2 per word*  
*Charge 3604 Halleran*



Authorized.

NOT TO BE  
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_

Address

58 Victoria St. S.W. 1.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE  
LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.



*Always in file*

*OK Newfoundland today 58 Victoria St SW*

To be Discharged from Hospital ~~tomorrow~~

*Indo to 2000 4/11/18*

Unit	Squadron, battery, or company.	Regtl. No.	Rank and Name.
<i>1st Newfoundland</i>	<i>B</i>	<i>3604</i>	<i>Plt Hellerant</i>
<i>This man has been booted out of the Army in accordance with your instructions &amp; returned to you for disposal please</i>			

*[Signature]*  
CAPTAIN, R.A.M.C. (A),  
Registrar, 4th London General Hospital

11047/27

St. James's Infirmary,  
Bath, S. W.

... 9th, July ... 8

3804, Pte. H. Halleran,  
Royal Newfoundland Regt.

... 6159

\*Pay to 3804 Halleran £4.0.0

No Receipt

NB  
10/7/8

June 24<sup>th</sup> 1918

FILE BRANCH *NR26/18*  
INITIALS

The Paymaster.  
Royal Newfoundland Regt.

Kindly advance my account sum  
of (three Pounds) £3.

#3604. *H. B. Halloran.*  
Pte. *H. B. Halloran.*

Royal Newfoundland Regt.

~~Handwritten scribble~~

*A. B. P.*  
*26/6/18*  
Rec. No. 7883

St. James Infirmary,  
Ouseley Road,  
Balham S.W.

Approved.....

*Wm. Macdonald*

M.O.I/C  
St. James Infirmary  
Balham S.W. 12.  
25. 6. 18.

NEWFOUNDLAND CONTINGENT  
68, VICTORIA ST.  
LONDON, S.W. 1  
\* 25/6/18 \*  
PAY & RECORD OFFICE

July 27. 7. 18.

The Pay Master.

Royal Newfoundland Regt.

Please Advance my Account Sum of  
(one Pound) 1 £.

H. B. Hallinan.

5604

Pte. H. B. Hallinan.

Royal Newfoundland Regt.

1<sup>st</sup> Batt.

*[Signature]*  
L. J. O.  
27/7/18  
Receipt No. 9545

Approved. ....

*[Signature]*

M.O.I/C.  
St. James Infirmary  
Balham. S.W. 12.  
27. 7. 18

St. James Infirmary  
Aurby Road  
Balham S.W.

*[Large Signature]*

*[Signature]*  
31/7/18



Aug 10. 18.

The Paymaster Royal Newfoundland Regt.

Please advance my account

Sum of (two Pounds) £ 2

H. B. Halloran

*[Handwritten signature]*  
3604 = 2-0-0

*[Handwritten signature]*  
Expense No. 8499

Pte. H. B. Halloran. 12/8/18

1st Bt. Royal Newfoundland Regt.

Approved..... *[Signature]*

M.O.I/C.  
St. James Infirmary.  
Balham. S.W.12.  
16. 8. 18.

St. James Infirmary  
Bursley Road,  
Balham S.W

FILE  
BRANCH *[Signature]*  
INITIALS  
*[Signature]*

*Awaiting repatriation.*

If a General Mobilization is ordered every soldier on pass must return immediately to his unit without waiting for instructions.

No. 44

Regiment ROYAL NEWFOUNDLAND REGIMENT. Army Form B 295.

**PASS.**

(In pads of 100.)

No. 3604 (Rank) Pte. (Name) Halkoran H

has permission to be absent from his quarters, from

2-11-18.

10:00 AM. Friday 8-11-18.

for the purpose of proceeding to

NEWFOUNDLAND CONTINGENT.



*J. B. Anderson*  
CHIEF PAYMASTER & OFFICER IN CHARGE

*To report 58 Victoria after expiry.*

24.  
Gen. No. 5708.  
J. T. & S., Ltd. (B 773)  
400,000 Pads.  
WV 11135/MI 141-1/17.

CROWN COPYRIGHT RESERVED

*Awaiting Repatriation.*

If a General Mobilization is ordered every soldier on pass must return immediately to his unit without waiting for instructions.

No. 35

Regiment ROYAL NEWFOUNDLAND REGIMENT. Army Form B 295.

**PASS.**

(In pads of 100.)

No. 3604 (Rank) 1<sup>st</sup> (Name) Halloran

has permission to be absent ~~from~~ quarters, from

28-10-18 to Nov 4-10-18

for the purpose of proceeding to

London Area

NEWFOUNDLAND CONTINGENT

(Station)

3, VICTORIA ST.  
LONDON, W.

(Date)

28/10/18

*A. H. Paterson*  
Commanding Officer  
CHIEF PAYMASTER & OFFICER I/C RECORDS



WA 111621111-307. 400,000 Pads. J. T. & S. Ltd. (C)

CROWN COPYRIGHT RESERVED

4th LON. GENL. HOSPITAL  
DENMARK HILL S.E. 8  
28 OCT 1918  
DISCHARGE DEPT.  
ROYAL ARMY MEDICAL CORPS T.F.

4th LON. GENL. HOSPITAL  
DENMARK HILL S.E. 8  
28 OCT 1918  
DISCHARGE DEPT.  
ROYAL ARMY MEDICAL CORPS

NEWFOUNDLAND CONTINGENT  
58, VICTORIA ST.  
LONDON S.W.  
28 OCT 1918  
PAY & RECORD OFFICE

O/C Newfoundland  
58 Victoria St  
SW

To be Discharged from Hospital ~~to-morrow~~ today

Purloined to 10 AM 4/18

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.	
1st Newfoundland	B	3604	Pfc	Hellerant.

This man has been rounded out of the Army  
in accordance with your instructions &  
returned to you for disposal please

CAPTAIN, R.A.M.C. (S)  
Registrar, 4th London General Hospital.

145

Repatriation

(3407). W5487-P202. Sm. 4-9-18. C.P.A.S.I.48

Army Form W. 3068.

# Transfer Statement of Clothing and Necessaries



INSTRUCTIONS.—This Statement will be made out by the man concerned and will be sent to the Commanding Officer of the unit receiving the man, who will retain it as a voucher to the unit Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas.

STATEMENT showing the Articles in possession of (Regimental No.,

Rank and Name) Sgt H Q R Challenger

proceeding from the 4th London General Hospital.

to the Depot R. Newfoundland

Date of Enlistment \_\_\_\_\_ Date of Transfer 28.10.1918

**FOR DETAIL OF ARTICLES, see overleaf.**

Certified that this Statement, as detailed overleaf, is correct in every particular.

Denmark Hill, S.E.  
(1) Station \_\_\_\_\_

A. Allen  
LIEUT. & Q. MR. R.A.M.C.T.

4th LONDON GENERAL HOSPITAL

Date 28 OCT 1918

Name of Unit man is leaving \_\_\_\_\_

(2) Station \_\_\_\_\_

Commanding Squadron, Battery, or Company.

Date \_\_\_\_\_

Name of Unit man is joining \_\_\_\_\_

# Articles of Clothing and Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

CLOTHING	ISSUED	NO	IN	POSSESSION	NECESSARIES	ISSUED	NO	IN	POSSESSION
<del>Aprons, Kilt ...</del>					Badge, cap ... ..				
Boots, ankle, pair <i>(Civilian)</i>			/	/	Bag, Kit ... ..			/	/
Caps, Service Dress ... ..			/	/	Braces, pairs ... ..			/	/
<del>Caps, Glengarry ... ..</del>					<del>Brass Button ... ..</del>				
Drawers, pairs ... ..			/	/	Brush, Brass ... ..				
<del>Frocks, Canvas ... ..</del>					" Blacking ... ..				
Greatcoat, D.M. ... ..			/	/	" Clothes ... ..				
Jackets, Service Dress ... ..			/	/	" Hair ... ..				
<del>Kilts ... ..</del>					" Polishing ... ..				
<del>Pantaloons, cord, pairs ... ..</del>					" Shaving ... ..				
<del>Petticoats, pairs ... ..</del>					" Tooth ... ..				
<del>Spare, Jack, pairs ... ..</del>					<del>Cap, Comforter ... ..</del>				
Trousers, Service Dress, pairs ... ..			/	/	Comb, hair ... ..				
<del>Trousers, Canvas or Khaki ... ..</del>					Disc, identity, with cord ... ..				
<del>Drill Overalls, pairs ... ..</del>					Fork ... ..				
Waistcoat, cardigan ... ..					Garters, Highland, pairs ... ..				
Coat, Waterproof ... ..					Holdall ... ..				
<del>Gloves, leather, pairs ... ..</del>					Hose Tops, pairs ... ..				
<del>Gloves, Motor Cyclist, pairs ... ..</del>					Housewife ... ..				
<del>Goggles, pairs ... ..</del>					Knife, Olasp... ..				
					Knife, Table ... ..				
					<del>Laces, leather, spare, pairs ... ..</del>				
					Shirts, flannel ... ..				
					Socks, worsted, pairs ... ..				
					<del>Spoon ... ..</del>				
					<del>Titles, metal, pairs ... ..</del>				
					Towels, hand ... ..				
					<del>Wax Polish, tin ... ..</del>				

I certify that this statement is correct.

Date **28 OCT. 1918**

Signature of the Soldier

H. Halliday

Office Stamp



To:- Regimental Paymaster:

*Royal Newfoundland Regt.*

*A.K. £1.00 21/10/18 W.P.R.*

*Receipt No. 9766*

Will you kindly remit £ 1 : : of the sum standing to my

credit to .....

(Full name & address if required.) .....

Signature *A. H. Bullman*.....

No. *21604*....Rank *Pte*.....Regt *Royal Newfoundland Regt.*

Certified that this man is a patient in Hospital and that the particulars given are correct.

APPROVED:

*S. J. ...*  
M.O. or Sister i/c Ward.

Major, R.A.M.C., T  
Registrar  
4th London General Hospital.

*P. J. M.*

**Notification to the Regimental Paymaster that a Soldier is about to be brought before an Invaliding Board at a Central Hospital with a view to discharge from the Service.**

**NOTE.**—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Officer i/c Hospital, may be in possession of particulars of the soldier's children in respect of whom separation allowance is being paid.

This information is required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for despatch to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment by the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there should be no delay in completing and forwarding this Army Form to the Officer i/c Records.

**Part I.**

A.F.W. 3977a has been sent to  
O.C. \_\_\_\_\_

A.F.W. 3977a has been sent to  
The Officer i/c Records,  
\_\_\_\_\_

The Regimental Paymaster,  
\_\_\_\_\_

55 Victoria St. Notts.

The undermentioned soldier is about to be brought before an Invaliding Board at this hospital with a view to discharge from the Service.

No. 3604 Rank PL

Name Halleran (Surname) Halleran (Christian names in full)

Unit and Corps 5th London Central Postal Directory Coy

Station DENMARK HILLS S 5 Officer i/c Hospital.

Date 21-10-1918 8 CAPTAIN, R.A.F.C. (T.), 401st Coy, 4th London General Hospital

**NOTE.**—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the Officer i/c Hospital has been instructed to complete such of the following particulars as the soldier can furnish. This information is required by the Officer i/c Records to enable him to verify the claim.

The soldier claims repatriation to \_\_\_\_\_ (Country). \_\_\_\_\_ (Place).

(i) Where enlisted \_\_\_\_\_

(ii) Date of arrival in United Kingdom \_\_\_\_\_

(iii) Port of arrival \_\_\_\_\_

(iv) Ship on which arrived \_\_\_\_\_

(v) Name of Shipping Line or Agent \_\_\_\_\_

(vi) Names and addresses of two references who can verify the above particulars \_\_\_\_\_

In such a case the Officer i/c Records is to verify the soldier's claim forthwith and report to the Officer i/c Hospital on Part II. of Army Form W. 3977a whether the claim is substantiated or not.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary, T.F. Association, and forwarded without delay to the Officer i/c Records.

Station \_\_\_\_\_

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

Officer i/c Hospital.





### Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

**PART** Soldier's Name Halleran Robert  
(Surname) (Christian names in full)

**A.** Unit from which discharged 1 Roy Newfoundland Regt.

Regimental Number 3604 Rank on discharge Plt Age on discharge 18

Married, widower with children, or single Single

Occupation before enlistment CLERK

Special qualifications (if any) for employment in civil life \_\_\_\_\_

Nature and locality of employment desired Uncertain

Full postal address to which proceeding on discharge } 13 Signal Hill Rd. St. Johns Newfoundland  
Local

Name of Approved Society (if any) \_\_\_\_\_

**PART B.** Nature of medical unfitness \_\_\_\_\_

Service with Colours \_\_\_\_\_ years \_\_\_\_\_ days, of which \_\_\_\_\_ years \_\_\_\_\_ days were served abroad during the present war.

Military character \_\_\_\_\_

Anything against the soldier to render his recommendation undesirable \_\_\_\_\_

Date of discharge \_\_\_\_\_ 191 \_\_\_\_\_

Station \_\_\_\_\_

Date \_\_\_\_\_ Officer i/c Records \_\_\_\_\_

NOTE 1.—Part B of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

C.F.

3604

Extract from telegram received from Synoptical  
London, Jan. 4th, 1919.

In answer to your telegram Dec. 31st,  
3604 Halleran, remittance you can pay.

C.R. 3604

Extract from telegram from Synoptical London, Dec. 31st  
1918.

Reference my telegrams Dec. 23rd & 27th.

3604 Hallern.

Reply immediately.

C.R. 3604

Extract from telegra, received from Synoptical London,  
Dec.31st, 1918.

In answer your telegram Dec.24th 3604 Halleran.  
you can pay.

C.R.

3604.

Extract from Daily Orders part 11, Depot St. John's  
dated December 26th, 1918.

---

Having been found medically unfit is discharged from <sup>21</sup> 28-18-18.

#3604 Pte, Hq Hallerhan.

C.R. 3604

Extract from telegram to Synoptical London, Dec.23rd, 1918.

Reference my telegram Nov.8th 3604 Hallern.

This man repatriated may we pay.

C.R. 36054

Extract from Medical held on Thursday, December 13th, 1918

<sup>4</sup>  
3605 Pte. H. Halberhan.

Recommended discharge as Permanently Unfit and admission to  
N.&M. Convalescent Hospital.



C.R. 3604

Extract from PRELIMINARY REPORT from the Director of Medical Services to G.O. Depot, dated December 9th. 1916.

3604 Pte. H. Halleran

Did not present himself.

C.R. 3604

Extract from Daily Orders part 11, Depot. St. Johns  
dated Nov.. 30th., 1918.

<sup>3</sup>  
#8604 Pte. H. Hallerhan.

<sup>above</sup>  
The undesignated returned from Overseas and reported at  
Depot. 19-11-18.

C.R. 3604

Extract from Telegram from Synoptical, London dated  
November 15th., 1918.

---

#3604 Halleran.

BC. The abovementioned having embarked by the Government Transport  
November 12th., for St. John N. B.

BC. DOCUMENTS WITH GARTY.

3604

C.R.

Extract from Casualties received from Pay and Record Office  
London, dated 18th., November 1918.

---

Nominal Roll of Repatriation Draft No. 77 which embarked at  
Tilbury Dock, London, 18/11/18.

Conducting Officer Major G. T. Carty.

#3604 Pte. H. Hallerhan

C.R. 3604

Extract from Nominal Roll Embarked London for Overseas  
Nov. 12th, 1918. Major Carty, Commanding Officer.

BEING SENT HOME FOR DISCHARGE.

3604 Pte. H. Halleran.

MM.

C.R. 3604

Extract from Casualties received from Pay and Record Office, London  
dated Nov. 7th 1918.

The unmentioned awaiting repatriation ~~was~~ granted extension of  
furlough to 5 a.m. 11/11/18

3604 Pte. H. Halleran.

Authority:-

Officer i/c Records Newfoundland Contingent.

C.R. 3604

Extract of Casualties from Pay & Record Office London, dated Nov.  
8/11/18.

#3604 PTE. H. Halleran.

granted extention of furlough to 8/11/18. For repatriation.

P. & R.O.

C.R. 3604

Extract from Casualties received from Pay & Record  
office, London, 28, Oct., 1918.

3604 Pte. H. Halleran,

Ex 4th London General Hospital on 28-11-18, is granted  
furlough to 10a.m. 4-11-18 with orders to report at the  
P & R O. on the latter date for disposal. To be repatriated.

ML.



CR. 3604



DEPARTMENT OF MILITIA

ST. JOHN'S \_\_\_\_\_ 19\_\_\_\_  
NEWFOUNDRAND April 25, 18\_\_

Dear Mr. Halleran,

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that #5604, Pte. Hubert Halleran, at St. James Infirmary

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Mr. James Halleran,  
18 Signal Hill Road.

Yours faithfully,

Minister of Militia.

April 22 19

Dear

Mr. Halleran:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 3604, Private Hubert Halleran at St. John Ambulance Hospital Epaples, April 13th, G.S.W. left wrist severe.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

James Halleran, Esq.,  
15 Signal Hill Rd.

Actg. Minister of Militia.

NEWFOUNDLAND CONTINGENT.

C.R. 3604

Extract of Nominal Roll of Draft No. 40, 80 Other Ranks from 2nd. Bn.,  
Royal Newfoundland Regiment, Winchester, to 1st. Bn., Royal Newfoundland  
Regiment, B. E. F.

Embarked Southampton, 27/3/18.

3604 Pte. H. Halleran.

C.R. 3604

Extract from Nominal Roll ~~Embarked~~ Embarked St. John's for  
Overseas, per S.S. "FLORIZEL" Oct. 5, 1917.

3604 Pte. H. Hallerahan.

CR 3604

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Aug. 16th, 1917.

3  
2604 B/Cpl. H. Halleran.

Reverts to the ranks at his own request from Aug. 14th,  
1917.

3604

Extract from Daily Orders Part II Unit the Royal Wfld.  
Regt., St. John's, July 30th, 1917.

3604 Pte. H. Halleran.

To be Lance Corporal from July 31st, 1917.

3604

Extract from Daily Orders: Part 12 Unit the Royal Nfld.  
Regt. St. John's, Apl. 16th, 1917.

3604 Pte. Hubert Halleran.

Attached to Strength from April 16th, 1917.





A.3604

St John's, Hfld.

December 24th, 1918

O.C. Royal Field. Regt.,  
Headquarters

Sir,

The undermentioned men have been discharged  
on the dates given. Kindly note and post in Daily  
Orders Part II.

I have etc.

(sgnd) J. M. HOWLEY.

Capt. etc.

350	L/C. Loveys, J.H.	Dec. 19th	Med unfit
3268	Pte. Kennedy, G F J	" 21st	Do.
3708	" Pomeroy, Geo.	" 20th	Do.
3150	" Darby, C.E.	" 21st	Do.
3604	" Halloran, H.	" 21st	Do.
3845	" Polley, Raymond	" 21st	Do.
2606	" Carroll, John	" 19th	Do.

Dec. 13th, 1918

From Asst Adjutant  
Depot

To Paymaster and Officer i/c Records,  
Militia Department

3604 Pte Halloran

The above noted man was recommended for discharge as permanent -  
ly unfit and admission to Naval & Military Convalescent Hospital  
by Medical Board held on Thursday, December 12th.

I am sending him herewith for your attention and necessary action,  
please, and have given him verbal instructions to report to D.M.S.  
after he has finished his business with you.

Copy to D.M.S.

August 14<sup>th</sup> 1917.

Sir

I request to revert to the rank  
of private.

~~noted  
for~~

Capt. J. J. O'Grady,  
Capt & Sgt.  
1 Nfld Regt.

3604 Capt. H. Halleran.  
9 Cpl.  
4/1 Nfld. Regt.

Reg. No. *3604* Rank. *Pte* Name *Halleran, Jd.*  
Attested ..... Address. *13 Signal Hill*  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas. *28 7-18*  
Embarked for Overseas ..... Cause. *Discharge*

*17-12-18* Rec Discharge unfit for Gen Service

*21-12-18* **DISCHARGED - MEDICALLY UNFIT**

**Casualty Form - Active Service.**

Rank *Pty* Regiment *Royal Canadian Mounted Police* Corps *Police* Christian Name *R. C. Hall*  
 Religion *R. C.* Age on Enlistment *18* years  
 Enlisted (a) *10.11.17* Terms of Service (a) *Duration* Service reckons from (a) *10.11.17*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation *C. Cook* Signature of Officer *E. F. Garland*



Date	Report From whom received	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.
			Embarked ...	27 MAR 1918	
			Disembarked...	29 MAR 1918	
			<i>Joined Unit 4. 4. 18</i>		
	<i>John R. B. H.</i>	<i>Ad. C. S. W. Larist</i>	<i>Atapas</i>	<i>13/4/18</i>	<i>HA 21935</i>
	<i>Office de la Gage</i>	<i>Transferred to ...</i>	<i>n 7 Filgate</i>	<i>17/4/18</i>	<i>W 3082</i>

*John R. B. H.*

COPIES SENT		
To	No	DATE
M. of M.	12	27/7/18
O.C. 1st. Bn.		17/7/18
2nd. Bn.		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

*Company*

**REGIMENTAL CONDUCT SHEET.**

COPY.

Number of sheets  
(in words) } *First*

Signature of C.O.  
or Adjutant

*Adj. G. H. R. O'Connell*  
*R. R. Gld.* Regiment.

Regiment of ROYAL NEWFOUNDLAND REGIMENT.

Regimental Number  
and Name

*3604 Pte. Kalloran A.*

Attested

*H. P. H. 16. 4. 1917*

Joined

19

Place	Date of Offence	Rank	Class of Delinquency	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award, or of order dispensing with trial	By whom	Date of Commencement	Date of Expiration	REMARKS
<i>Regimental Power Camp.</i>	<i>3.3.18</i>	<i>Pte.</i>		<i>Insolence to an N.C.O.</i>	<i>Sgt. Dec</i>	<i>3 days C.B.</i>	<i>4-3-18</i>	<i>Lieut. G. Lawton</i>			<i>G.M.C.</i>
<i>Promoted Lance Corporal 31.7.17</i>											
<i>Reverts to private his own request 14.8.17</i>											
To be carried over											

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
2A.

Number of Sheets *1*

Regiment of *1st Newfoundland.*

Signature of O. C. Company *Frank Lytle*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <i>Promoted Sergeant 31-1-17 Reverts to Private in own regiment 14-8-17</i>
No.	<i>36044</i>	Age on	<i>18</i> years <i>1</i> months	Trade <i>clerk.</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 16-11-17</i>	Religion <i>R.C.</i>	
Joined	Date	Period of	with Colours <i>250</i> years. with Reserve <i>365</i> years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hayley Down Camp</i>	<i>3-3-18</i>	<i>Pte.</i>		<i>Involuntarily an N. C. O.</i>	<i>Sgt. Dce</i>	<i>3 days G.C.</i>	<i>4-3-18</i>	<i>Lieut. S. Emerson</i>	<i>ML</i>
<p style="font-size: 1.5em; font-family: cursive;">Discharged Medically unfit</p> <p style="font-size: 1.2em; font-family: cursive;">St. John's, 21 <sup>12</sup>/<sub>18</sub></p>									
<p>To be carried over</p>									

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To	No.	DATE
M. of M.	<i>18</i>	<i>14/9/186</i>
O.C. Troop, En.		<i>11/18</i>
" 2nd, En.		

Army Form B. 121.