



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4780 Name Thomas Hallett Corps SA

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Thomas Hallett</u>                           |
| 2. What is your full Address? .....  | 2. <u>Musgrave Harbour</u><br><u>Fogo District</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>3</u> Months                 |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</u>                                |
| 6. Are you Married? .....  | 6. <u>no</u>                                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                                     |
|  | Corps .....  |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                                     |

I, Thomas Hallett 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.

A  
29-4-18

Thomas Hallett SIGNATURE OF RECRUIT.  
James Arblin Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 29 day of April 1918

Signature of Attesting Officer. James Arblin

### 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 .....

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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Hallett  
 Apparent age 19 years 2 months. Height 5 feet 5½ 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 Albert Hallett Musgrave Jr  
Fogo District | Relationship Father  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)
-----	-----	-----	-----

## Particulars as to Children

Christian Names

Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>29-4-18</u>									
Joined at <u>St John's</u> on <u>April 29 1918</u>									
<u>Discharged July 18 1919</u>									
<u>Discharged August 18 1919</u>									
<u>Embarked at St John's for Halifax N.S. 22.7.18</u>									
<u>to embark on land for demobilization 24/6-1919</u>									
<u>Arrived the embarkment 1-7-1919</u>									
Total Service forfeited as above..... <u>Demobilization St John's 8 1919</u>									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge) <u>1</u> years <u>102</u> days									
Pensions " " " " " " " " " " " "									

C.R. 4780

extract from Daily Orders part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/s Records from noted date 8-8-19.

4780, Pte. T. Hallett.

C.R. 4780

Extract from Daily Orders Part II Unit The Royal WFLD.

Regt. St. John's, July 15th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot with effect from 25-7-19.

4780 Pte. T. Hollett.

C.R. 4780

Extract from Daily Orders Detachment, 1st The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

4780 Pte. T. Hollett.

Reported at Headquarters 1-7-19 on "Cassandra" which  
sailed Glasgow June 24th, 1919.

4  
C.R. 4780

Extract from Daily Orders by Major H.S. Sullivan,  
Commanding Newfoundland Forestry Companies, 6-22-18.

The undermentioned having reported for duty from  
the 2nd Sq. Royal Nfld. Regt. is attached to the  
strength for rations, from this date, and attached  
to "B" Company.

4780 Pte. L. Hollett.

C.R. 4780

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated July 23, 1918.

The following men embarked for overseas on R.M.S.  
"Columbellin" July 23, 1918.

#4780 Pte. Thomas Hallett.

C.R. 4780

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 20, 1918.

#4780 Pte. T. Hallett.

Attested for General Service with The Royal Newfound-  
-land Regiment, from 29/4/18.



Reg. No. 4780 Rank Pvt. Name Hallett Pres. B. Co  
 Attested 29-4-18 Address Massena St. 209  
 Allotment Baitty Cent 5 Allottee Albert Hallett (Father)  
 Date of Allotment 1-7-1918 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas JUL 22 1918 Cause \_\_\_\_\_

30-4-18	Yacc. 1 <sup>st</sup> Inc. 7518	no. 136/8 <sup>3</sup> 20 <sup>11</sup>	mor 20-7-18
11-5-18	Admitted M Hospital.		
56	22-6-18 to 3-7-18 R.L. 3-7-11.		

L. Hallett

C.R. 4780

~~1120~~



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Hallett, Regt. No. 4750

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins 1-7-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4410	<u>Father</u>	<u>Mr. Albert Hallett</u>	<u>Minigraws. Ht. 9th St. D. B.</u>	60
Total Allotment, \$				60

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

Sig.) A. Summers Lieut  
 Officer Commanding  
 Company  
St Johns A. Pld  
12 6 - 191 F

(S) Thomas Hallett  
 (Rank) Pte.



Hallett, Thomas

4780

Ray Sept.

August 8th 1919.

#4780 Pte. T. Hallett,  
Musgrave Ex.

Dear Sir:

Enclosed please find Discharge Certificate  
r 3643.

Yours truly,

Capt. <sup>2</sup>  
Officer i/c records.

RS/.

The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4780 Rank Pte. Name Hallett J  
 Intended place of residence Musgrave St.  
 2. Occupation Lumberman  
 Classification of soldier 2 Medical Category AI

3. The above named man is discharged in consequence of

**DEMOBILIZATION****Eligible for War Service Gratuity**

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

Place, ST. JOHN'S

Date JUL 11 1919

J. M. Smith  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 11 1919

Thomas Hallett  
 Signature of soldier

J. A. Snowdon  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 11 1919

Thomas Hallett  
 Signature of soldier

W. J. Keaton  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 29-4-18 No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 467

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S 14  
JUL 25 1919

Date

N. R. Cooper  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date

August 8/1919

M. Bowley  
 Officer in Charge  
 The Royal Newfoundland Regiment

2079/5043

2  
31  
20  
31  
8  
10

# The Royal Newfoundland Regiment

Class for Demobilization: *E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *10.7.19* .....

Regimental No. *47.P.O.* .....

Name ..... *Hallett Thomas* ..... *875* .....

Address ..... *Magdalen St. 789* .....

Present Medical Category..... *A1* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

..... *Ret. Lt. Major* .....  
O.C. Discharge Depot.

..... *J. P. ...* .....  
Senior Medical Officer

..... *J. Burden* .....  
— M. O. Depot



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4780 Rank Private Name Hallitt  
 Date of Enlistment 29-11-18 Address Murray St District Yogo  
 Occupation Lumberman Classification for Discharge F Medical Category A.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L.	do 3rd.	" 4.
B 179a	D 400C	Form K.	do 4th.	" 5.
B 179b	B 103	ME 2		" 6.
B 179c	B 120	M 93		

Date 10-7-19

O. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

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

*Thomas Hallitt*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #60.00
- (b) Clothing Supplied .....

Date 11-5-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192335 to his home at Marygrove 14 and Release Certificate No. 3463 issued.

Date 11-7-19

J. A. Snowcraft  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-8-19

Date 11-7-19

J. A. Snowcraft  
Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date 11-7-19

J. A. Snowcraft  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 25 1919**

Date .....

A. R. Cooke  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

Thomas Hallett  
Signature of Man.

Reg. No. 4780

J. A. Snowcroft  
Signature of the Vocational Officer or his Representative.

Place

St John

Date

11-7-18

191

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

# MEDICAL HISTORY

OF

Surname BalliettChristian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's St. John's County St. John's

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>29</u> day of <u>Apr</u> 191 <u>8</u>	on <u>14</u> day of _____ 191 <u>1</u>	at _____	at _____
Declared Age	at <u>St. John's</u>		years _____	days _____
Trade or Occupation	<u>19</u> years _____ days		years _____	days _____
Height	<u>Lumberman</u>		feet _____	inches _____
Weight	<u>5</u> feet <u>5 1/2</u> inches		feet _____	inches _____
Chest Measurement (Girth when fully expanded...)	<u>135</u> lbs.		_____	_____
Measurement (Range of Expansion...)	<u>35</u> inches		_____	_____
Physical Development	<u>4</u> inches		_____	_____
Vaccination Marks				
When Vaccinated				
Vision				
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>James Peterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St. John's</u>		at _____	
Joined on Enlistment	on <u>29<sup>th</sup></u> day of <u>Apr</u> 191 <u>8</u>		on _____ day of _____ 191 <u>1</u>	
Transferred to	Corps. <u>The Royal 4780</u>		Corps. _____	
Became non-effective by	Regtl. No. <u>1780</u>		Regtl. No. _____	
[Signature]	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
[Rank]				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
30-4-14.	Vac. <del>do</del>
7-5-18	T.A.B. <del>do</del>
13-6-18	<del>do</del>
20-7-18	<del>do</del>
	3
	$\text{Var R} = \frac{6}{24}$ $\text{Var S} = \frac{6}{24}$
	$\left. \begin{array}{l} R = \frac{6}{12} \text{ Hyper. Astig.} \\ L = \frac{6}{12} \text{ Myopic Astig.} \end{array} \right\} \text{R. Lockhart Capt. M.C.S.A.}$

NO. & RANK 4730 MC				DATE OF EXAM: 4-10-18	
NAME Hallett T				DATE OF ISSUE: 11-10-18	
CORPS R. Field Art.				OPHTH. CENTRE: 71	
VISION WITHOUT GLS	SPH	CYL	AXIS STABD. ROTATION	VISION WITH GLS	FRAME NO. OR MEASUREMENT
R $\frac{6}{24}$	-	+3.00	90°	$\frac{6}{12}$	Q
L $\frac{6}{24}$	+7.00	-2.00	180°	$\frac{6}{12}$	
SIGNATURE OF M.O. <i>Chalkhart</i>				OPTICIAN'S INITIALS <i>J.S.</i>	
BY: <i>Chalkhart</i>					



It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for discharge on medical examination. Medical category A 1  
 10.7.19  
 Date of V.M.B. *[Signature]*

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

**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 F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps: *Royal Newfoundlands* 7. Former Trade or Occupation } *Shipboardman*
2. Regt. No. *780* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hallett Thomas* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regt. Nos.
5. Age last birthday. *20*.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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.)*

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

*Repatriation*

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

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

Station ... *Hazelbury Row*  
 Date ... *1.14.46* .....

\* 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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.



## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. I. c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Thomas. Hallett*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4780*

Intended address *Musgrave. Hr. 490*

Height on discharge *5 Feet 6*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Albert*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Musgrave. Hr 14-2 Age. 20 - 1899*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Thomas Hallett* (Rank) *Plt*

Station *St. John's* Date **JUL 4 1919**

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



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

Date



Hallett.

Defect in  
cannot see with glass;  
went to a  
M<sup>r</sup>  
Copier.

NO. & RANK 4780 P.C.				DATE OF EXAM: 4-10-18	
NAME Hallett J				DATE OF ISSUE: 11-10-18	
CORPS R. Field Regt.				OPHTH. CENTRE: 71	
VISION W/OUT GLS	SPH	CYL	AXIS STANDARD ROTATION	VISION WITH GLS	FRAME NO: OR MEASUREMENTS
R 6/24	-	+3.00	90	6/12	Q
L 6/24	+1.00	-2.00	180	6/12	
SIGNATURE OF M.O. R. Lockhart Capt. m.c.s.a.				OFFICIAN'S INITIALS R.L.	

" OPHTHALMIC DEPARTMENT "

Military Hospital,  
Winchester.

4-10-18

To :-

Medical Officer i/c.

R. F. W. P.

4780 Pte Hallett, J.

Please cause this man to attend here in six days' time (Sunday excepted) for spectacle fitting. He should bring with him Army Book 64 and Medical History Sheet for the necessary entries to be made therein.

Pres for Pay  
Book please.

R. Lockhart  
Capt. m.c.s.a.  
Ophthalmic Surgeon.

August 16, 1919

Mr. Thomas Hallett,  
Musgrave Harbor,  
FOGO DIST.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *Thomas* ..... 2. Surname..... *Hall* .....

3. Rank..... *RtE* ..... 4. Regtl. No..... *4780* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Musgrave St. Fort. Hill N. B.* .....

6. Date of enlistment in the Regiment..... *April 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *W* .....

8. Relationship of such dependents..... *W* .....

9. Address in full of such dependents..... *W* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *W* .....

11. Were you on active service only in Nfld, if so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fifteen months* .....

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.  
*no*

15. Have you been issued with a War Service Badge? ~~.....~~

16. Have you, during the present war, served in the Imperial Forces...

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.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ~~.....~~

(b) If so, was such reversion in consequence of misconduct or inefficiency? ~~.....~~

19. Are you now serving in the R.A.F.? *no* If not give:- (i) Date of discharge *Aug. 25/19* (ii) Reason for discharge *Removal*

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.  
*Caplan*

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

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

Signature of Applicant: *Thomas Hallett*  
 Place of Residence: *Magnane St. Top. Dist. N. D. B.*  
 Declared before me at: *St John's*  
 This 11 day of *July* 1915...

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

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



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forma  
B. 121.  
39.

Number of Sheets 1

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4780 Hallett Hys</u>	Age on	19 years	months	<u>Seaman</u>	
Joined	Date	Place and Date of Enlistment	<u>W. H. Hys</u>		Religion	
Joined	Date	Period of } with Colours / 102 years.		Place of Birth		
Joined	Date	} with Reserve / 365 years.		<u>St. John's</u>		
Joined	Date			<u>Mary Queen Harbor</u>		

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
	<u>10-6-19</u>	<u>Pte</u>		<u>Absent from 2130 clock roll call 5-6-19 until 2300 clock 5-6-19</u>	<u>C. H. Kelly</u>	<u>1 day L.P.</u>		<u>2/Lt Burns</u>	<u>for 1 day L.P.</u>
				<u>Demobilized</u>	<u>A. John's</u>	<u>8 1/2</u>			

To be carried over



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 F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Royal New Forest Coy.* Former Trade } *Lumberman*  
or Occupation }
2. Regtl. No. *4780* 3. Rank... *Plt.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. Name *Hallett* *Thomas*  
(Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here, (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war .. .. .

(ii.) Previous active service .. .. .

(iii.) Climate in pre-war service .. .. .

(iv.) Ordinary military service before the war .. .. .

(v.) Serious negligence or misconduct on the man's part. }

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

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.)

*The Complaints of a disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, from a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W.S. Procmier, Capt. Retiree*

Medical Officer in charge of case.

Station *Hazely Green*

Date *14/11/51*

\* 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.

4780

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4780 Rank Pvt Name Hallett  
 Date of Enlistment 29-11-18 Address Musgrave St District Dep  
 Occupation Lawyer Classification for Discharge F Medical Category A-1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents—

11-1-11

N.F. P/36	B 288	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 10-7-19 O. C. Discharge Depot Musgrave St

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*Thomas Hallett*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied \_\_\_\_\_

Date 11-5-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192335 to his home at W. J. [unclear] [unclear] and Release Certificate No. 3463 issued.

Date 11-7-19 J. A. Snowcraft  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-8-19

Date 11-7-19 [Signature]  
Depot Paymaster

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot. 1

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

Date 11-7-19 J. A. Snowcraft  
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer i/c Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 25 1919 K. R. Coode Capt.  
O. C. Discharge Depot.

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

Date Aug 7 1919 [Signature]

Reg. No. 4740 Bank 14 Name Hallett, J.

Attested ..... Address Musgrave.

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas JUL 1 1919

Returned on S.S. Castandra Cause Dutary

11-4 19  
257 19

**PASSED TO DEMOBILIZATION**  
**DISCHARGE APPROVED ON DEMOBILIZATION**