



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5448 Name Alfred Halley Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Alfred Halley</u> |
| 2. What is your full Address? | 2. <u>Upper Battery Rd</u>
<u>City</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Cooper</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, Alfred Halley 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.

Alfred Halley SIGNATURE OF RECRUIT.
Pte P. Power SIGNATURE OF WITNESS.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 25 day of May 1918.

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date

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

5448

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

Name Alfred Halley
 Apparent age 24 years 0 months. Height 5 feet 5 1/2 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 Ellen Halley
Upper Battery Rd. | Relationship Mother.
City, 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 L'epot	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 total engagement reckons from <u>25-5-18</u>									
Joined at <u>Stoke</u> on <u>May 25-1918</u>									
<u>Discharged July 21-1919</u>									(Signature)
<u>Embarked Stoke train to Halifax N.S. 22-9-18</u>									
<u>to Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization Stoke 31-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>31-7-1919</u> (date of discharge)					1	years	68	days	
Pensions " " " " " " " " " " " "									

C.R. 57448

Extract from Medical Board held on Monday July 14th, 1919

5448 Pte. A. Halley

Recommended discharge from the Army.

C.R. 5448

Extract from Daily orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date
31-7-19.

5448, Lt. A. Halley.

C. 5448

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. 59. John's, July 19th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot with effect from 17-3-19

5448 Pte. A. Halley.

C.R. 5448

Extract from Medical Board held on Monday July 14th, 1919.

5448 Pte. A. Halley.

Recommended discharge from the Army.

C.R. 5448

Extract from Daily Orders Part III Unit The Royal Field. Regt.
St. John's, July 24th 1919.

5448 Pte. A. Halley.

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

C.R. 5448

Extract from Daily Orders Bawd By Major M.S. Sullivan, Com-
manding Mfld. Forestry Companies 25-11-18.

The undernoted having arrived from 2nd Bn. Royal
Mfld. Regt. is attached to the strength from this date and
posted to "A" Company. for rations.

5448 Pte. A. Halley

C.R. 5448

Extract from Nominal Roll Entrained at St. John's for
Overseas Sept. 22, 1918.

5448 Pte. Hallery Alfred.

C.R. 5448

Extract from Daily Orders Part 11 Depot St. John's Sept. 7/18

5448 Pte. A. Hallery.

ADMITTED TO DONAVAN'S 6/8/1918=

C.R. 5448

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.
St. John's, dated Sept. 9-18.

The undersigned was proceeded on special duty to Mount Pearl
9-9-18.

5448 Pte. A. Halley.

C.R. 5448

Extract from Daily Orders part 11, from Unit The Royal
Welfd. Regt. St. John's dated May 28. 1918

#5448 Pte. A. Hellery

Attested for General Service with the Royal Welfd. Regt.
from 25.5.18

C.R.

5448

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, dated Sept. 5th, 1918.

5448 Pte A. Halley.

Admitted to Barracks Hospital 5-9-18.

C.R. 5448

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's Sept. 24/18.

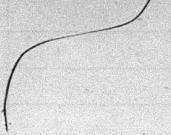
The following man returned from Special Duty at Mount Pearl.
19-9-18.

5448 Pte. A. Halley.

A. Halley

5448

P. & R. O



1552/222/P&A.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & P. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding, FEB 1919
2/Bn. Royal Nfld. Regt.,
Winchester.

27th January 1919

Feb 2nd 1919

Subject: 5448, Pte. A. Halley,

With reference to the following telegram (783) from the Hon. Minister of Militia, received

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
OFFICER COMMANDING, NEWFOUNDLAND REGT.

"Pay to 5448, Halley, £2:0:0.

Draft £2:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £2.0.0

Two Pounds - on account of cable remittance from Newfoundland.

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

[Signature]
No. 5448 Rank Pte
Witness *[Signature]*

No. 8504/1608

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

b 100187
NEWFOUNDLAND CONTINGENT
LONDON, S.W. 1
18 JUN 1919
M.F.P. / 70.

To: Officer Commanding,
2/Bn Royal Nfld. Regt.,
Winchester

11th June 1919

June 13th 1919.

5448, Pte. A. Halley

With reference to the following telegram from the Minister of Militia / / 19 (227):

Receipt hereunder.

J. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2 Batt'n.

"Pay to-

5448 Halley £4:0:0

Cheque £ 4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon,

Received the sum of £ 4. 0. 0.
Four Pounds in respect of telegraphic remittance from the Minister of Militia.

R. A. Minnall Prof.

A Halley

Chief Paymaster & O. i/c Records.

No. 5448 Rank Pte.

Witness: A. White

FORM K

No 6026



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Alfred Halley, Regl. No 5448

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins July 15th 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4529	Mother	Mrs James (Ellen) Halley	Upper Badden Rd. St John	50
Total Allotment, \$				50

ENTERED.
PAY LEDGER 27/12/18
NUM. ROLL
ALLOT. INDEX
" REC. 28/11/18

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.) Watson Lieut.
Officer Commanding
6 Company

(Sig.) Alf Halley
(Rank) Plt

St Johns
June 26 1918

Halley, A

5448

Ray Sept.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

Christian name..... *A.* 2. Surname..... *Halley*

3. Rank..... *2nd Lie* 4. Regt. No..... *5448*

5. Address in full to which future payments of gratuity are to be forwarded..... *Upper Battersy St Johns East*

6. Date of enlistment in the Regiment..... *May 25/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no

8. Relationship of such dependents..... *—*

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

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

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

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

1-2

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

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.

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.F.C.?
If not give - (:) date of discharge
for 2/1/19 (b) Reason for discharge

No

Remoh

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.

England & Sarrems

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: — *J. Halley*
 Place of Residence: *Upper Battery, St. Johns East.*
 Declared before me at: *St. Johns*
 This 17 day of *July* 19.19....

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

POST DISCHARGE PAY.				Net amount due
Date paid	Rank	Period	War Service Bonus.	
	Soldier.	Dependent.		
.....
.....
.....
Certified correct.				Registrar

July 30th 1919.

#5448, Pte. A. Halley,
Upper Battery, St. John's.

Dear sir:

Enclosed please find Discharge Certificate
#3274.

Yours truly,

Capt. & Paymaster.

RS/.

SEPARATION ALLOWANCE.

Claimant... *Halley, Ellen (mother widowed)*

On account of *Alfred Halley*..... No. *5448* Rank. *Pte*.....

Decision... *Refused*
Two other single sons
.....
.....
.....

J. P. Bennett
W. F. Radice Lt. Col.
Mr. Bowley Capt.

Date... *5/5/19*.....

Instructions.....
.....
.....
.....

Allotment of *50^{ct}* per *day* payable to *Mrs James Halley*
his *Mother* from *15/7/18* to *still current*
Discontinued on account of *15/7/18*

..... *Respect*

Notice

Royal Newfoundland Regiment
(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form must be signed before a Barrister of the Supreme Court, Stipendiary Magistrate Notary Public or Justice of the Peace and returned to:

THE PAYMASTER
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Reg't. No.
Alfred Halley *Cpl. R. N. Reg.* *57448*

2. Age of soldier. Married or single.
26 *Single*

3. Name in full of mother. Age. Occupation. Permanent address.
Ellen Halley *57* *widow* *Upper Bakery Rd
St. John's.*

4. Give name of your husband. Age. Occupation. Where employed
James Halley *Dead.*

5. If your husband is not supporting you, state the reason.

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document, stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.
Oct. 23, 1900
London, England

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

No.

9. Names of your other children. Address in full. Age. Occupation. Married or Single.

<i>Mary Halley</i>	<i>Upper Bakery</i>	<i>27</i>	<i>None</i>	<i>Single</i>
<i>James Halley</i>	<i>Do.</i>	<i>24</i>	<i>Labourer</i>	<i>Do.</i>
<i>Phos Halley</i>	<i>Do.</i>	<i>20</i>	<i>Do.</i>	<i>Do.</i>

10. State amount earned by (a) Yourself (b) Your husband

Nothing

11. State amount and source of any other income.

None.

12. State value of real property belonging to you and your husband

None

13. State value of personal property belonging to you and your husband

No value

14. If husband is dead, state value of real and personal property left by him.

No value

15. Actual amount contributed by soldier during the year prior to enlistment

\$66⁰⁰/_x per month

16. Was this amount contributed weekly or monthly

Weekly.

If

17. Did this amount include payment of son's board, etc.

Yes.

18. State son's trade or occupation prior to enlistment.

Cooper.

19. State amount of his wages per week.

\$15⁰⁰/_x per week

20. State name and address of last employer.

H. J. Couey, South Side

21. State amount of monthly support from son since enlistment

\$15.50.

22. State amount of allotment received by you from son since enlistment

\$15.50

23. State from what date did you receive allotment

Aug. 7, 1918.

24. Actual amount contributed by other children.

weekly monthly

Average of \$15⁰⁰/_x weekly

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

26. If not receiving support from other children, state cause. Explain fully

27. With whom are you residing at present

Live with my family at Upper Battery Rd.

28. Have you made a previous claim for separation Allowance. IF not why. Give particulars *No.*
-
29. Are you already in receipt of Separation Allowance from any source? If so, how much, *No.*
-
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *No.*
-
31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government? *No.*
-
32. In what capacity and in what place. _____
-
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? *No.*

34. I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant..... *E. Glen Hally*

Place of ~~business~~ residence..... *Upper Battery Road.*

Declared and subscribed ~~and~~ before me at *St. John's, Newfoundland*

This..... *24th*..... day of *February*, 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *John W. Cahill*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *William P. H. Kitchin*

Signature of member of the Patriotic Fund Committee..... *James J. [unclear]*
Judge C. D. Cawel

May 23, 1919

Mrs. Ellen Halley,

Upper Battery Road,

City.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly inform me if your sons James and Thomas had offered for enlistment, and if so, on what dates, and what are the numbers of their Rejection Badges, if they have any.

Yours truly

Captain,
Paymaster & Officer i/c Records.

ST. JOHN'S, JUL 19 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. A. Halley

Billeting Soldiers as undermentioned

from July 1st /19 to July 12th /19

5448 · W. A. Halley 12 70

ACCOUNT

CH. NO. 2913

IND. LEADER

PAY LEADER

CH. LEADER

INITIALS

INITIALS

INITIALS

INITIALS

Certified correct for \$ 12 · 70

J. A. Howcroft
Billeting Officer

W. A. Halley

ACCOUNT B 9m
 CH. NO. 3176 ST. JOHN'S,
 IND. LEADER _____
 PAY LEADER _____
 Billing Account, _____

JUL 17 1919

Royal Newfoundland Regiment.

To Mr. A. Halley

Billeting Soldiers as undermentioned

from July 11th /19 to July 17th /19

5448 - Mr. A. Halley 6.60

A Halley

Certified correct for \$ 6.60

McLennan

A. J.

Billeting Officer.

ACCOUNT _____
 CH. NO. _____
 IND. LEADER _____
 PAY LEADER _____
 6.60



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
 (b) A single copy only is required.
 (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
 (d) Be as brief as possible compatible with lucidity.
 (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
 (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station St. John's

Date July 14/19

- | | | | |
|-------------------|---------------------------|-------------------------------|--------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | 26. |
| 2. Regimental No. | 5448 | 6. Enlisted on | May 1918. |
| 3. Rank | Pte. | at | St. Jphn's. |
| 4. Name | Halley A. | 7. Former trade or occupation | Coper. |

8. Disability

Deafness.

9. History
 Complained deafness 6 Months ago. Reported sick. Had Ears Syringed. Syringing repeated 5 or 6 times deafness gradually getting better.

10. What is his present condition?

Fairly well nourished no adventitious sounds in chest. For Ear trouble see attached statement from Dr. Smith Ear Specialist.
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

11. Was sanatorium operation advised and refused? **No.**

12. Do you recommend discharge as permanently unfit? **Yes.**

Signature **(SGD) S.G. KEAN, CAPT**

Rank or Qualification

Remarks if any by Officer i | c Hospital.

Place Signature

Date Rank



Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **Cannot.** be considered as aggravated by:—
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

Specialist reports the deafness caused by wax. No Disease.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **XXX NIL**

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

NIL.

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
General Hospital
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

(SGD) **N. S. FRASER.**.....
President

" **J. S. TAIT.**.....
Signatures

" **J. PATTERSON, MAJOR.**.....

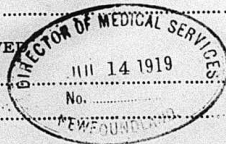
Place **St. John's.**.....

Date **July 14/19.**.....

APPROVED

Station

Date



(SGD) **CLUNY MACPHERSON, MAJOR.**.....

Administrative Medical Officer.

Report from Dr. Smith on # 5448 Halley.

" Cerumen Both Ears. "

(SGD) H.A. SMITH.

JULY 14/19.

C O P Y

Unit 2nd Batt R.N.I.BMORNING SICK REPORT
MEDICAL INSPECTION REPORT*

Army Form B 256

Squadron, battery or company _____

Station and Date A. D. Camp 15-3-1918

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married.)	Completed Years of		Religion.	If for duty †	Whether a defaulter.	Lines or barracks.	Room.	Disease	Disposal. Medical Officer's Remarks and Signature.
		Age.	Service.							
3448	PH Halley				to see				ear specialist	
4778	Fuchs									
5982	Leubden				to see				Leubden	W. Prossner. Capt. R. M. E.

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

* Strike out whichever is not applicable.

W. Prossner Orderly
N.C.O.

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

MEDICAL HISTORY

OF

Surname Hallery

Christian Name Alfred

Table I.—GENERAL TABLE.

Birthplace:—Parish Upper Bakery Rd. St. John's County Mea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	25 th day of May 1918	St. John's.	day of	191
Declared Age	24.	years	years	days
Trade or Occupation	Carpenter.			
Height	5 feet	5 $\frac{1}{2}$ inches	feet	inches
Weight	133.	lbs.		lbs.
Chest Measurement	Girth when fully expanded	35	inches	inches
	Range of Expansion	4.	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	1 Scar.		
When Vaccinated	14 years ago.			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lambert Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's	at	
	on	25 th day of May 1918	on	day of 191
Joined on Enlistment	Corps.	Royal Mea. Regiment.	Corps.	
	Regtl. No.	5448.	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

100

Signature of G. C. Company

C. B. D. S. Kient

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	5148 Hall	Age on	years	months	
Joined		24		Trade	
Joined		5-5-18		Religion	
Joined		1 2/3		Place of Birth	
Joined		1 3/4		Place of Birth	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
St John's	21.9.18	Pvt		Absent without leave from 8.30 am to 12 o'clock 21.9.18	St John's	24 hours detention	21.9.18	Capt W. H. T. Lee	S. B. H.
				Demobilized St John's			31		7/19

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5448

DEMOBILIZATION OF

Reg. No. 5448 Rank Plt Name Halley A
 Date of Enlistment 25.5.18 Address St John's District St John's
 Occupation Cooper Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating 7cl

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93	256	1

Date July 19/19O. C. Discharge Depot St John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

W Newman
Halley
mark

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 17-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at 21 Johns and Release Certificate No. 3688 issued.

Date 17-7-19
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 31-7-19

Date 17-7-19
Depot Paymaster.

Discharge approved for 17-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	
F 178a	D 400A	B 1915	do 2nd	" 3	2 Forms
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	E 120	M 93			

Date 17-7-19
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

JUL 17 1919

Date
O. C. Discharge Depot.

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

Date July 28/19
.....

Reg. No. *2488* Rank *44* Name *Halley, Alfred*

Attested Address *Upper Battery*

Allotment Allottee ..

Date of Allotment Returned from Overseas *1919*

Returned on S.S. *Cadizara* Cause *Discharge*

15.7.19 Rec. Discharge from the Army

17.7.19 PASSED TO DEMOBILIZATION OFFICER

17.7.19 DISCHARGE APPROVED ON DEMOBILISATION

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

17.7.19

Regimental No.

5448

Name

Halley, A.

Address

Upper Battery

Present Medical Category

F

Recommended for:—

(a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

O. C. Discharge Depot.

W. Paterson
Senior Medical Officer

M. O. Depot



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 *Halley, Albert.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5448*

Intended address *Upper Battery*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Good*

Christian name of Father *Ellen*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's. 26 Aug. 1890.*

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) *Albert Halley* *Rank* *Private*

Station *ST. JOHN'S.* Date *14-7-19*

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



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

Station _____ Date _____

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,

A. Halley

Signature of Man.

M. Blunston

Reg. No. 8448

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date 12-9-19.

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5448 Rank Pvt Name Halley A
 Date of Enlistment 25.5.18 Address St John's District St John's
 Occupation Farmer Classification for Discharge 10 Medical Category E
 Recommendation S.M.B. Apparently fit Disability Rating Nil
 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	<u>256</u>	

Date July 1919 O. C. Discharge Depot St John's

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation

W Newman ^L A X Halley
mark

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #6000

(b) Clothing Supplied ambulance

Date 17-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at 21 - Johns and Release Certificate No. 3683 issued.

Date 17-7-19

W. H. Johnston
 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 31-7-19

Date 17-7-19

W. H. Johnston
 Depot Paymaster.

Discharge approved for 17-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122	Board 1st.	" 2	1/2
F 178a	D 400A	B 1915	do 2nd.	" 3	2 Form. B
I 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 17-7-19

W. H. Johnston
 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

JUL 17 1919

Date

K. R. Cooper
 O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2448 Rank Pfc Name Halley A
 Intended place of residence Upper Battery ST John
2. Occupation Cooper
 Classification of soldier B Medical Category E
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 17 1919

[Signature]
 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 17 1919

[Signature]
 Signature of soldier
[Signature]
 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 17 1919

Date

[Signature]
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military
 Discharged from service JUL 17 1919 Plus 14 days Service 433

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

Date JUL 17 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 31/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

[Handwritten] 207913274

FORM K

Nº 6026



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Alfred Halley, Regl. No. 5448
hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons concerned, viz. :

Allotment begins July 15th 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4529	Mother	Mrs James (Ellen) Halley	Upper Balleny St Johns	50
Total Allotment, \$				50

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.) Watson Capt.
Officer Commanding
6 Company
St Johns
June 25 1918

(Sig.) Alfred Halley
(Rank) Private

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Cooper*
2. Regtl. No. *5448* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Halley* *Alfred*
(Surname) (Christian Names)
5. Age last birthday. *25*
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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

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

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.

15. What is his present condition?

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

No Complaints 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?

Repatriation

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.

W.S. Proctor, Capt RMC

Medical Officer in charge of case.

Station *Hanley Down*

Date *9/4/19*

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

So you see I had a struggle
to bring them up, and I am
still in trouble, fearing
the worst.

Please Mr. Rendell do
your best for me, as I
said before, I would
wish to speak to you personally.

Please kind Sir,
intercede for me & see
that I get it, as I need
it badly.

Thanking you in
anticipation.

I remain
Yours respectfully
Mrs. Halley.
May I see claim please?
R

Battery Id.

Mar. 29th 1920

Light Col. Rendell.

City. C.R. 5448
Dear Sir:-

I take the opportunity
to write you, as I cannot go to
see you at the present time.

I sent in a claim for
my "separation allowance" over
a year ago now, and I have
gone to the Milita Building
to Mr. Howby several times,
and he always said it would
be alright, but the last time
he gave me the cheque
& then took it back again,
saying it was refused.
This is almost two months
ago, I have been very

who work there also, but there is not much work, there, only a boat now & again.

I have been a widow now for twenty years my husband was drowned from "S. S. Lucerne" in London, 1900, and was buried there.

I worked for my children day & night, the eldest was only five years old. I had no means to send them to school, I am living in the same house to-day as I lived in then and expected all along to get some place better. but I have no help.

-2-

sick ever since, I was intended to go & see your good-self.

I have been very deaf this last five or six years, suffering from Rheumatism in the head, I feel miserable.

I need the money badly, as my house have to be taken down & built in a better place, than it is now, it is awfully damp, and is very old & small, too small for five.

The boy who was with the Regiment is anything but strong, and only lately he went to work, laboring work at the Furness Witley.

I have two more boys

C.R. 5448

March 30th. 1920

Mrs. Ellen Halley,
Upper Battery Rd.,
St. John's, East.

Dear Madam:-

I beg to acknowledge receipt of your letter of March 29th relative to claim for Separation Allowance on account of your son No. 5448 Private A. Halley, which has been filed by you in this office.

I understand that you have two other single sons, and upon consideration of your claim it was refused on the grounds that either one or both of these sons had not offered for enlistment.

The regulations governing the payment of Separation Allowance to a widowed mother rule that if she has three or more single sons of military age, she can claim the allowance when the third son enlists.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer.