



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3998 Name Sidney V. Hamon Corps 6 of 6

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Sidney V. Hamon
2. What is your full Address? } 2. Grand Falls
3. Are you a British Subject? 3. yes
4. What is your age? 4. 22 Years Months
5. What is your Trade or Calling? 5. Labourer
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. 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? } 11. yes

I, Sidney V. Hamon 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.

Sidney V. Hamon SIGNATURE OF RECRUIT.
James J. Wilson Signature of Witness.

8/16/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Sidney V. Hamon 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 Grand Falls on this 16th day of Oct 1917.
Signature of Attesting Officer H. J. King

†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 Oct 19 1917 }
Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Sidney V Harris
 Apparent age years months. Height 5 feet 11 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches WT 149
 { Range of expansion 3 1/2 inches
 Distinctive marks Eyes Blue Hair Dark Complexion Fair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Harris
Grand Falls | 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 " _____ [" "] _____ " _____ "

3998

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3998 Name Sidney V Hann Corps Co 6

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Sidney V Hann
- 2. What is your full Address? 2. Grand Falls
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 27 Years Months
- 5. What is your Trade or Calling? 5. Laborer
- 6. Are you Married? 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. yes
- 9. Are you willing to be enlisted for General Service? } 9. 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? } 11. yes

I, Sidney V Hann 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.

Sidney V Hann SIGNATURE OF RECRUIT.
James J. Waugh Signature of Witness.

6/16/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Sidney V Hann 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 Grand Falls on this 16th day of Oct 1917

Signature of Attesting Officer A. J. Fitzgerald S.M.

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date: Oct 19 1917
Place: St. John's Nfld } Approving Officer. W. J. [Signature]

† 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 Sidney V Hamm
 Apparent age _____ years _____ months. Height 5 feet 11 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches WT 144
 Range of expansion 3 1/2 inches
 Distinctive marks Eyes Blue Hair Dark Complexion Fair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Hamm
Grand Falls | Relationship Father
off 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>16-10-17</u>									Lance Corp'l. 25-2-18
Joined at <u>St John's</u> on <u>October 16-17</u>									
<u>Discharged April 10 1919</u>									
<u>No Active Service</u>									
Embarked <u>St John's N.S. Missequatic</u> <u>11 17 19</u>									
Transferred to <u>London General Hospital</u> by <u>Sidmouth Civil Hospital</u> <u>10 18</u>									
to be found dead for discharge <u>30-1-1919</u> Arrived <u>10 18</u>									
<u>Demobilization St John's</u> <u>10-4-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 10-4-19 (date of discharge) 1 years 177 days
 " " Pensions " " " " " " " " " " " "

C.R. 3998

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated April 14th/19.

The discharge of the undernoted on Demobilization has
been CONFIRMED by Officer i/c Records on 10/4/19.

#3998, L/C. Sidney Hann.

C.R. 3998

Extract from Daily Orders Part II Unit The Royal N.S.W.
Regt. St. John's, ¹¹⁻²⁻¹⁹ 11-2-19.

The unaccounted returned from Overseas and reported to
Dept 7-2-19.

Registered on A.F. 2179.

3998 L/C. Sydney Hann.

C.R. 3998

Extract from Medical Report of the Royal Naval Hospital, Portsmouth,
submitted by H. L. Roberts, Surgeon, Jan. 20th, 1919.

3998 L/C. Hann.

C.R. 3998

Extract from Casualties received from P & R Office London,
May 13th, 1918.

3998 B/c. S. Hann,

Was transferred from Tidworth Military Hospital to the 3rd
London General Hospital on 10/5/18.

Authority; Notifications from 3rd L.G.H.

C.R. 3998

Extract from Deminal Roll embarked St. John's For Overseas.
per S.S. "Florissel" Dec. 11, 1917.

#3998 PTE. S. HANN?

C.R. 3998

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Oct. 18th, 1917.

Attested at Grand Falls.

3998 Pte. S. Hann.

Attached for General Service with the Nfld. Regt posted
to G. Coy, with effect from Oct. 16th.

Hann, S.

C.R. 3998

P. & R. O.

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*.....
2. Regtl. No. *3998*.....
3. Rank. *S/Pl*.....
4. Name *Hunn Sydney*.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation }
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court

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. *General Debility*
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.
*Came to England Dec 1917
then has been continuously sick & in hospital for a long period unable to do any heavy work
as he as had a continuous cough & was recommended for transfer to Foresty Battalion*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service.. .. . | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. } | No | |

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

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

15. What is his present condition? *General appearance fair has lost weight. Complexion cough. Chest on examination shows exaggerated beading over right apex. No rales heard otherwise. Negative.*

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

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

20. Do you recommend— *Repatriation*

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Bodley Capt Rows

Medical Officer in charge of case.

Station: *Hazley House*

Date: *17 JAN 1919*

* 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

British Red Cross Society.



Kingston-upon-Thames Division.

TEL. ESHER 44.

COMMANDANT:
Mrs. LIONEL MARTINEAU.

RED CROSS HOSPITAL,
ESHER,
SURREY.

Sir

Please send £1. to
Lance Corporal Hann - 3998.
by post.

Yours faithfully

Edith Martineau

June 4. 1918.

M. L. 1-0-0 kept.
4/6/18

NEWFOUNDLAND CONTINGENT

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to S. Haun

the sum of one pounds _____ s. (£ _____)

on account of any balance that may be due to me.

NEWFOUNDLAND CONTINGENT.
PAY & RECORD OFFICE.
Ref. Nos. 19
Rec'd 4 - JUN 1918
8747/36/4/6/18
36
Dated at Esher
June 4th 1918
Comp.
P.S.F.
R. & C.
B.S.F.
P.S.

Regtl. No. 3998 Rank Lance Corporal

Name Haun S.

Approved Edith Martineau
Officer I/C.,
Commandant
Hospital.



Esher Road
OK £1-0-0
4/6/18

8747/36

Red Cross

4th June

Esher

L/Opl

Hann

3998

1: 0: 0

8169



May 21st / 18
Paymaster
Victoria St.

Please deliver
me the sum of
one pound (£1) on
account due me
& oblige

NB. 3998

L/c S. Hamm.

OK. £1.0.0. 3rd G. G. G.

M.R. 21-5-18 Wandsworth.

Receipt No. 7302



9c
Capt
Gent
FILE BRANCH
[Signature]

Hann, S

3998

May - Sept.

April 10th., 1919

#3998 L/Cpl. Sidney Hamm,

Grand Falls.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1681."

Yours truly,

Captain,
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3998 Rank L/Cor Name Hamm S.
 Intended place of residence Grand Falls
 2. Occupation Laborer
 Classification of soldier E Medical Category A-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
 Date MAR. 25. 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
25-3-19
 Signature of soldier Ridney V. Hamm
 Signature of witness J. A. Howley

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 and Date ST. JOHN'S
25-3-19
 Signature of soldier Ridney V. Hamm
 Signature of witness P. Wilson Sgt.

STATEMENT OF SERVICE

7. Enlisted for service 16-10-17 No of days on Military
 Discharged from service 27-3-19 14 days Service 542

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date MAR 27 1919
 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 Nfld.
 Date April 10/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

16
20
31
31
28
31
18
177

2019 9/1681

The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-3-19

Regimental No. 3998

Name Hann Sidney

Address Grand Falls

Present Medical Category A1

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

R.H. Lat Capt.
O.C. Discharge Depot.

P. Paterson
Senior Medical Officer

S.W. Burden
M. O. Depot

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

MEDICAL HISTORY

Surname Hann OF Christian Name Lindsay V.

Table I.—GENERAL TABLE.

Birthplace:—Parish Grand Falls County Wfes

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	16 th day of Oct. 1917	Grand Falls	day of	191
Declared Age	27 years	— days	years	days
Trade or Occupation	No answer			
Height	5 feet	11 inches	feet	inches
Weight	144 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 38 1/2 inches			inches
	Range of Expansion... 3 1/2 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		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)	<i>Lindsay Peterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	Grand Falls	at	
	on	16 th day of Oct. 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1 st Wfes	3998		
Transferred to	Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3998 Rank Lt Name Stanley S
 Date of Enlistment 16.10.17 Address Grand Falls District Twelve
 Occupation Labourer Classification for Discharge 6 Medical Category A+
 Recommendation S.M.B. Disability Rating

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		

Date 24 3 19
 O. C. Discharge Depot. H. M. W. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Stanley S

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied new suit

Date 25-3-19
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R923 to his home at Frank Jones and Release Certificate No. 1711 issued.

Date 25-3-19

C. D. [Signature]
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 10-4-19

Date 25-3-19

H. [Signature]
Depot Paymaster

Discharge approved for 27 3 19

Forwarded with following documents to O.C Discharge Depot.

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 25-3-19

J. A. [Signature]
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 MAR 27 1919

R. H. [Signature]
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 (Fireman)

Sidney V. Ham

Signature of Man.

C. B. Dicks Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *3998*

Place *St Johns*

Date *20/3/19* ~~191~~



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the 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 *Sidney Hann*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3998*

Intended address *Grand Falls.*

Height on discharge *5 Feet 11*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Ernie*

Christian name of Mother *Silvia*

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, 1895, October 20th*

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) *Sidney Hann* *Sc*
(Rank)

Station **ST. JOHN'S.** Date *24. 3. 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.



Station _____ Date _____

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

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

1. Unit and Corps... *Royal Newfoundland*
2. Regtl. No. *9998* 3. Rank... *2. Lt.*
4. Name *Harris, Sydney*
(Surname) (Christian Name)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

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. *(Serbely General)*
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.
came to England Dec 1903 since then has been continuously sick and in hospital for a long period is unable to do any heavy work has a continuous cough and was recommended for transfer to Farnley Barracks

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

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

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

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

General appearance fair. Has lost weight complains of pain in chest combined cough. Chest X-ray examination shows exaggerated breathing over right apex no rales heard otherwise negative

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— *Repatriation*

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

*J. Bodley Capt
 Lewis*

Station *Hazley Down*

Date *17 JAN 1919*

Medical Officer in charge of case.

* 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

April 14, 1919

#3998 L/Cpl. Sidney Henn,

#26 Station Road,

Grand Falls.

Dear Sir :-

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

Yours truly

Captain,
Paymaster & Officer i/c Records

14388

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, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *Ridney* ... 2. Surname... *Hann*

3. Rank... *Private* 4. Regtl. No... *3998*

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded... *Ridney V Hann, 26 Station Road, Grand Falls*

6. Date of enlistment in the Regiment... *15th October 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not Applicable

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 Nfld. If so, give dates, and particulars of such service... *Not*

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

As was on the 12 days

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? *No. with a...*

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. Applicable.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

(b). If so, was such reversion in consequence of misconduct or inefficiency? *No.*

19. Are you now serving in the Regt.? *No.* If not give:- (a) Date of discharge... *27th March 1919*... (b) Reason for discharge. *Demobilisation*

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. *No.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? (b). If (a), are you in receipt of full pay and allowances from that Committee. *No.*

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: *Ridney V Hanson*

Place of Residence: *Grand Falls*

Declared before me at: *St Johns*

This *27* day of *June* 19*19*

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

William D. Kelly
Quinto

POST DISCHARGE PAY.			War Service	Net amount
Date paid	Paid Soldier	Paid Dependent	Gratuity	due
.....	<i>4 mos.</i>	<i>280.00</i>
.....
.....
Certified Correct.			Paymaster.	

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 9⁰⁹/_{xx}

Mar 28 1919

Received from the First Newfoundland Regiment
the sum of Nine 09/_{xx} Dollars.
~~on account~~
balance of Pay.

Cheque made to Grand Falls.

Regti. No. May 6/19
Rank 1

Ch. No. 14952	Initials J. E. J.
Pay Ledger 459	Initials J. E. J.
Gen. Ledger	Initials

A. J.

No. 3998

Rank ~~Pvt~~ Sg.

Name Hamm S.

ST. JOHN'S, Mar 20th /19

Royal Newfoundland Regiment.

Billeting Account,

To L/C. S. Hamm

Billeting Soldiers as undermentioned

from Feb 8th /19 to Mar 27th /19

A.C.S.

3998 L/C S Hamm 49 80

B.M. S
ACCOUNT
GM. NO. 14479 EW
IND. LEGAL
MAY 1919

Certified correct for \$

49 80

R.J.
J.A. Howse
Billeting Officer.
Deidney V Hamm

D. 3999
Demobilization Form 1

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3999 Rank Lt. Name Harold S. Hann
 Date of Enlistment 16.10.17 Address Grand Falls District Lewis
 Occupation Labourer Classification for Discharge 6 Medical Category A 4
 Recommendation S.M.B. Disability Rating

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.....		

Date 24.3.19
 O. C. Discharge Depot. H. Hann

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Sidney D. Hann

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$65.00

(b) Clothing Supplied Yes

Date 25-3-19
 O i/c. Re-clothing. H. Hann

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R932* to his home at *trans Jno* and Release Certificate No. *1711* issued.

Date *25-3-19*

C. Brooks
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 *10-4-19*

Date *25-3-19*

H. M. ...
Depot Paymaster.

Discharge approved for *27 3 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
F 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 *25-3-19*

J.A. ...
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 **MAR 27 1919**

R.H. ...
O. C. Discharge Depot.

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

Date *26/3/1919*

W. ...
J. ...

extract from statement of account to 31-1-19 from

Pay and Record Office, London

3998 Pte. Ham, S.

Cr. Bal. £1-17-5

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

This transferred to Pay Office 26-3-19

Reg. No. 3998 Rank Pte. Name Hann. Sydney V.

Attested Address. Grand Falls

Allotment..... Allottee

Date of Allotment..... Returned from Overseas..... 2-19

Returned on S.S. Cause Discharge

MAR 24 1919

PASSED TO DEMOBILIZATION OFFICE

27.3.19

DISCHARGE APPROVED ON DEMOBILISATION.