



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5331 Name James Hardy Corps C of C

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Hardy
2. What is your full Address? 2. Burnt Mill
St Georges Dist
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Years' Months
5. What is your Trade or Calling? 5. Fisherman
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, James Hardy 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.

James Hardy SIGNATURE OF RECRUIT.
W. Power SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this 24 day of May 1915.

Signature of Attesting Officer W. Power

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 May 24 1915
Place St Johns } 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)

C.R. 5331

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 24th, 1919.

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

5331 Pte. James Hardy.

C.R. 5331

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C. C. Discharge Depot with effect from 5-7-19.

5331 Pte. Jas. Hardy.

C.R. 5331

Extract from Daily Orders Part 11 Depot, St. John's,
Date June 18th 1919.

5331, Pte. J. Harding.

Reported at Headquarters 1/6/19. RE "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5331

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5331 Pte. D. Hardy.

C.R. 5331

Extract from Nominal Roll of ~~regat~~ Draft No. 56, from the 2nd.,
Battalion of the Newfoundland Regiment to the 1st., Battalion
of the Newfoundland Regiment B. E. F.,
Embarked Southampton 23/11/18.

#5331 Pte. J Hardy

BC.

C.R. 5331

Extract from Daily orders part 11, Depot St. John's
dated July 4th., 1918.

#5331 Pte. J. Show.

DISCHARGED FROM BARRACKS HOSPITAL 5-7-18.

BC.

1609

C.R. 5331
RECEIVED
THE VICTORIA & ALBERT
MUSEUM
LONDON, S.W. 7
10 APR 1918
POST & RECORD OFFICE

NEWFOUNDLAND CONTINGENT

CASUALTIES

2nd BATTALION.

Officer Commanding, Alexandra
Hospital, Cosham, Hants, reports that 5331 Pte
James Hardy was admitted on 13/8/18, suffering
from Inf. of Bursa, v. Patella (943).

Authority: A.F. W. 3026A from Hospital.

C.R. 5331

Extract from Daily Orders Part 11, from Unit The Royal
Field Regt. St. John's, dated July 25, 1918

The following men embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5331 Pte. James Hardy.

Extract from Daily Orders part 11, from Unit The Royal
221. Regt. St. John's, dated May 23, 1916.

#5331 Pte. James Hardy.

Attached for General Service with the Royal Field Artillery.
from 22.5.16.

WOUNDED & SICK N.C.Os. & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 5331

ROYAL ARMY MEDICAL CORPS.

LIST NO.H.A.33174.

49829 Pte. Francis H.J.	RAMC.2/2 FA.	VDG.Mild.....	Adm.1	Sty.H.Rouen	15 Dec.18.
238062 Pte. Finnis S.	RAMC.39 Sty.H.	Influe.Mild.....	Adm.39	Sty.H.In The Field	13 Dec.18.
54169 Pte. Alexander J.	RALC.2/3 Wess FA.	Dis.of Dents.....	Dis.to	Duty ex 39 Sty.H.	In The Field 13 Dec.18.
459207 Sr. Phillips W.E.	RAMC.2/3 W.Rid.R.	Influ.....	Adm.3	Con.Dep.Le Treport	15 Dec.18.
	FA.				
90032 Pte. Gibbs W.	RAMC.2/2 N.H.FA.	Influ.Mild.....	Adm.8	Can.Sty.H.Dunkirk	13 Dec.18.
419552 Pte. Payne Jno.	RAMC.2/2 N.H.FA.	-do-	Adm.8	Can.Sty.H.Dunkirk	13 Dec.18.
100366 Pte. Riding A.	RAMC.2/2 N.H.FA.	Asthma Mild.....	Adm.8	Can.Sty.H.Dunkirk	13 Dec.18.

CAVALRY - YORK.

LIST NO.H.A.33174.

12581 L/C. Bestwick F.	20/Russ.	VDSc.Mild.....	Adm.1	Sty.H.Rouen	15 Dec.18.
28617 Sjt. Wilson T.H.	18/Russ.	Scabies Mild.....	Adm.39	Sty.H.In The Field	13 Dec.18.

ADMI RALTY.

LIST NO.H.A.33174.

8494 Pte. White A.	RALC."D" Cy.	Influe.Mild.....	Adm.8	Can.Sty.H.Dunkirk	13 Dec.18.
15310 Pte. Leggott G.R.	RALC."B"	Cont.Abdm..Mild....	Adm.8	Can.Sty.H.Dunkirk	13 Dec.18.
14785 Pte. Skinner W.G.	RALC.	ICT.R.Ring Fngr.....	Dis.to	Duty ex Queen Alexandra H.Dunkirk	14 Dec.18.

TANK CORPS.

LIST NO.H.A.33174.

308813 Pte. Morgan J.	4/Tank Bn.Int.	VDG.Mild.....	Adm.1	Sty.H.Rouen	15 Dec.18.
308491 Ptel Bloor R.	Tank Cps.Off.Co.	VDS.....	Adm.2	Can.Gen.H.Le Treport	15 Dec.18.
315061 Pte. Boardman W.	Tank Cps.Rein.	Scabies.....	Adm.2	Can.Gen.H.Le Treport	15 Dec.18.

CAVALRY - CANTERBURY.

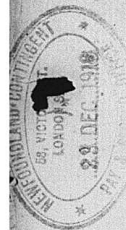
LIST NO.H.A.33174.

D/15984 Pte. Robson W.C.	5/Drq.Gds.C.Sq.	Influs.....	Adm.3	Con.Dep.Le Treport	15 Dec.18.
--------------------------	-----------------	-------------	-------	--------------------	------------

NEW FOUNDLAND EXPEDITIONARY FORCE.

LIST NO.H.A.33174.

5331 Pte. Hardy J.	1/Nfld.R.	VDG.Mild.....	Adm.1	Sty.H.Rouen	15 Dec.18.
--------------------	-----------	---------------	-------	-------------	------------



2713

J Hardy

C.R.

5331

Page 10

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. *2061* 3. Rank. *Plt.*
4. Name. *Hardy, J.*
(Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on *28.5.18* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

14. State whether the disabilities are
- | | (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? *na*

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.)

he complains of no disabilities

16. Was an operation performed ? If so, when and what was its nature ? *na*
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 ? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ? *na*

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

Major D.M.S.

Sgd.

J.P.P. Knight

Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazley D. Camp.*

Date *30. 11. 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

Nº 4727



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Hardy, Regl. No. 5331 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Seventy 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 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4354</u>	<u>Father</u>	<u>Mr John Hardy</u>	<u>Brent St Paul</u>	<u>70</u>
Total Allotment, \$				<u>70</u>

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.) James Hardy Platoon Sergeant

Officer Commanding
8 Company

(S) James Hardy
 (Rank) Platoon Sergeant

A. Jones

June 12 1918

FORM K

No 4727



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Hardy, Regl. No. 5331 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz :

Allotment begins July 1 1918

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 4354, Father, Mr John Hardy, Mount Pleasant, 70. Total Allotment, \$ 70.

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.) [Signature]

Officer Commanding 8 Company

(S) James H Hardy (Rank) P.M.

[Signature]

June 12 1918

No. 18102/1969

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To
Officer Commanding,
2nd Bn Royal Nfld. Regt.
Winchester.

7th November 1918

Nov. 9th 1918

Subject: 5331, Pte. J. Hardy

With reference to the following telegram (9591) from the Hon. Minister of Militia, received

Pay to 5331 Hardy £5:0:0

Draft £5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. L. Mitchell Maj.
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

J. W. Martin LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commandg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Five
pounds on account of
cable remittance from Newfoundland.

J. Hardy
No. 5331 Rank Private

Witness A. L. Carter, Pte.

No. 4937/218

From: NEWFOUNDLAND CONTINGENT

N.F.P./80.

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

To: Officer Commanding,
1/Bn. Royal Newfoundland Regiment,
B.E.F.

B

28th March 1919

5331 Pte. Hardy J.

With reference to the following telegram from the Minister of Militia, / / (102)

"Pay to- 5331 Hardy

£9. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

H.A. Minnow

Chief Paymaster & O. i/c Records

11-11-1919

5331 Pte Hardy J

This man wishes this amount retained to credit of his account please

*deposited
28/3/19 8.15*

Hardy, J

5331

Ag Sept.

July 22, 1919

#5331 Pte. James Hardy,
Burnt Island,
Buteco Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #3152.

Yours truly,

Captain & Paymaster.

The Royal Wld. Regiment

DEMOBILIZATION

No. 5331 Rank _____

Name Hardy P _____

Warned for demobilization on

JUL 3 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5331 Rank Pte. Name Hardy James
 Intended place of residence Burnt Isld.
2. Occupation Fisherman
 Classification of soldier H Medical Category A I
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 3 1919
- H. Munsie
 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 3 - 1919
- James Hardy
 Signature of soldier
- J. A. Knowlton
 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 3 - 1919
- James Hardy
 Signature of soldier
- J. W. Chaucey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 28-5-18 No. of days on Military
 Discharged from service 5-7-19 Plus 14 days Service 418

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S
 Date JUL 5 1919
- R. H. [unclear] Major
 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 19/1919
- [unclear] Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

att 20791315

10
20
19
9

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5351 Rank Plt Name Harvey J. Mark
 Date of Enlistment 28-5-18 Address Burton St. Bingham District Bingham
 Occupation Trickerman Classification for Discharge 17 Medical Category 1417
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 1136	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 2-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

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

(b) Clothing Supplied _____

Date 3-7-19

O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2229} to his home at Burnt Seed and Release Certificate No. 3157 issued.

Date 3-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 19-7-19

Date 3-7-19

J.A. Snowball
Depot Paymaster

Discharged approved for

5-7-19

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

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 3-7-19

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

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date Jul 5 1919

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

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: 2/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2.7.19

Regimental No. 5331

Name Hardy James Rank Plt

Address Bunt Islands

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

Paterson
Senior Medical Officer

Geo. Borden
M. O. Depot

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.

Hardey J.

Signature of Man.

Reg. No. 3331

J. H. Snowless

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date JUL 3 - 1919

191

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

MEDICAL HISTORY

OF

Surname

Hardy

Christian Name

James

Table I.—GENERAL TABLE.

Birthplace:—Parish

Burns Island, St. John's

County

Nfld.

SPECIAL RESERVE

REGULAR ARMY

Examined	on	day of	<i>May</i>	191 <i>8</i>	on	day of	191
	at	<i>St. John's</i>			at		
Declared Age		<i>23</i>	years	days		years	days
Trade or Occupation		<i>fisherman</i>					
Height		<i>5</i>	feet	<i>8</i>	inches	feet	inches
Weight		<i>148</i>			lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>37</i>			inches		inches
		<i>4</i>			inches		inches

Physical Development							
Vaccination Marks	Right		Left		Right		Left
	Arm	<i>/</i>	Number	<i>1 Scar.</i>			

When Vaccinated		<i>6 years ago.</i>		
Vision	R.E.—V=	<i>6/6</i>		R.E.—V=
	L.E.—V=	<i>6/6</i>		L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Harriet Parker*

(Rank) *Major* Medical Officer.

Enlisted	at	<i>St. John's</i>			at		
	on	day of	<i>May</i>	191	on	day of	191
		Corps.		Regtl. No.	Corps		Regtl. No.

Joined on Enlistment		<i>Royal Nfld. Regiment.</i>					
Transferred to		<i>5331</i>					

Became non-effective by	on	day of	191	on	day of	191
(Signature)						
(Rank)						

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Dale	12	8	18	13	8	18	Inf. of bursa - r. pelvis	1	Transferred to Alex. H. Cosham for operation.	Col. M. W. ... Capt. R. ...
Waterlooville	25	9	18	12	10	18	" "	17	dry dressing. Healed.	Chas. J. ...

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 } *Fischerman*
2. Regtl. No. *5331* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Hardy* (Surname) *J.* (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on *28/9/18* at *St. Johns* 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 ? } *no*

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.)

all complaints from disability

16. Was an operation performed ? If so, when and what was its nature ? *no*
17. If not, was an operation advised and declined ? *no*
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 ? *no*
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 ? *no*

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
mmr 1
ms
Capt Rame
 Medical Officer in charge of case.

Station *Hazeley D. Camp*
 Date *20. 11. 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

July 24, 1919

#5331 Pte. James Hardy.
Burnt Islands,
near Port au Basque.

Dear Sir :-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th, 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..... *J.* 2. Surname..... *Harding*

3. Rank..... *Pte.* 4. Regtl. No..... *5331*

5. Address in full to which future payments of gratuity are to be forwarded..... *Burns Islands West Coast*
near Port au Port Bay

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

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..... *no*

9. Address in full of such dependents..... *no*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*

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..... *Fourteen months*

..... 1. ³

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*

16. Have you, during the present war, served in the Imperial Forces?..... *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

..... *no*

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

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

19. Are you now serving in the Regt.?..... *no* If not give:- (a) Date of discharge..... *Aug. 16/19* (b) Reason for discharge..... *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service....

..... *France* *Sep 1918*

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.

(When) Pay bea

Signature of Applicant: *J. J. Harding*
 Place of Residence: *Burnt Island, Westport, near P. A. B.*
 Declared before me at: *or John's*
 This *3* day of *July* 19*..19..*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
.....
.....
.....
.....
.....

Certified correct.

Registrar

ST. JOHN'S,

July 2/19

Royal Newfoundland Regiment.

Billeting Account,

To Pte J Hardy

Billeting Soldiers as undermentioned

from June 1/19 to June 24/19

5331 Pte J Hardy 31.00

RYM EW

ACCOUNT	2128
GR. NO.	
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 31.00

M. Blomph

Billeting Officer

J Hardy EW
Frank with EW

Call.

THE ROYAL NEWFOUNDLAND REGIMENT

To 5331 Pte. J. Hardy

Dr.

ACCOUNT
CH. NO. 832 B
DATE PAID
PAYEE
CON. FUND
Trans P 001
W. J. Hardy

June 26/ To 1st Class Fare from Burnt Islands
to St John's

This
J. X. Hardy
mark
with Island

B/P attached



W. J. Hardy / *Ass't Adjutant*
Depot The Royal Newfoundland Regiment
23-6-18 St. John's, Nfld.

REID NEWFOUNDLAND COMPANY.

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

5331
 Received from The J. Hardy the sum of
Twenty One Dollars Eight Cents being the amount of 1.50 Class Fare

From J. Cab - L. Johnson
 and have issued him Ticket No. 86348 REID NEWFOUNDLAND CO. Form No. 128

Date June 2nd 1911

Agent [Signature] or Purser [Signature]

This form to be used when requested to give receipt for amount paid for tickets.

Receipt for Army Book 64

No. *5331* Name *Hardy*

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

Date. *October 24th / 1920*

Name *James Hardy*

5 1/20

Place. *Burnt Islands Str*

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

Wj

Casualty Form - Active Service.

Regiment or Corps P. Newfoundland
 Rank Pte Surname Hardy Christian Name J
 Religion C of E Age on Enlistment 23 years 0 months
 Enlisted (a) 22/5/18 Terms of Service (a) Duration Service reckons from (a) 22/5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Fisherman Signature of Officer W.L. D. Capt

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
			<u>25 NOV 1918</u>		
	<u>"J" PBD</u>	<u>2.1.18</u>	<u>Rouen</u>	<u>15/12/18</u>	<u>Rou</u>
<u>7.1.19</u>	<u>wo</u>	<u>Adv: 1.5.18. 4.0.5. med</u>	<u>do.</u>	<u>15.12.18</u>	<u>W.A. 32174</u>
<u>23.1.19</u>	<u>O.G.X. PBD</u>	<u>Rejoined.</u>	<u>a.</u>	<u>7.1.19</u>	<u>Roll</u>
		<u>Discharged 40p 21/1/19</u>		<u>B212</u>	<u>1/2/19</u>
		<u>Arrived in UK.</u>		<u>7/4/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (17561.) Wt. W 1887-P 1124, 1,000,000, 218, D & S. Form B/103, (E. 1256.)

Next of kin: Father: John Hardy Bumb Id: Bursco Dist: N. F. I. D. (P.T.O.)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Regiment

Number of Sheet One
Signature of O. C. Company C. S. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5331 Hardy Jas.</u>	Age on	<u>23</u> years <u> </u> months	<u>Fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>W. Johny</u> <u>22.5.18</u>	Religion		
Joined	Date	Period of	} with Colours <u>159</u> years. } with Reserve <u>368</u> years.	Place of Birth		
Joined	Date			<u>B. St. John's</u>		

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
				<u>Demobilized</u>	<u>St. John's</u>	<u>19</u>	<u>7</u>		

To be carried over.

1331

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5331 Rank Plt Name Hardy J.
 Date of Enlistment 28.5.18 Address Burnt Mill District Burgess
 Occupation Insiderman Classification for Discharge H Medical Category H.1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 03		

Date 27-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J Hardy
mark
with J. J. Chances

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
- (b) Clothing Supplied _____

Date 3-9-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2229} to his home at Burnt Field and Release Certificate No. 3157 issued.

Date

3-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

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

Date

3-7-19

Depot Paymaster.

Discharge approved for

5-6-19

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 3194	B 122	Board 1st	" 2
B 178a	B 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

E. Farm B

Date

3-7-19

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

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date

JUL 5 1919

R.H. Dait MAJOR

O. C. Discharge Depot.

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

Date

July 11 1919

Reg. No. *5331* Rank *P/6* Name *Hardy J*

Attested Address *Burnt Island*

Allotment Allottee

Date of Allotment Returned from Overseas

Returned on S.S. Cause

27 19
56 19

**PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.**



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 *James Hardy*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5331*

Intended address *Bunt Islands*

Height on discharge *5* Feet *5*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks —

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Ann*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Bunt Islands, Sept. 7th 1894*

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)

James Hardy

Pvt.
(Rank)

Station

St John's

Date

2-7-19

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