



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5888 Name William S. Hart Corps Col E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>William S. Hart</u> |
| 2. What is your full Address? | 2. <u>Change Islands, 709th Dist</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Sailor</u> Months |
| 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, William S. Hart 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.

William S. Hart SIGNATURE OF RECRUIT.
Thos. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William S. Hart 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 1st day of August 1917
 Signature of Attesting Officer C. Dicks Lieut.

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 709th Dist
 If enlisted by special authority, such will be attached to the original attestation.
 Date Aug 3 1917
 Place St. John's } Approving Officer. W. H. H. -

* 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. 5888

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.
St. John's, Aug. 16th, 1919.

The discharge of the undernoted on demobilisation has been
COMPLETED by Officer i/c Records from 7-8-19.

5888 Pte. W. Hart.

C.R. 5888

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from following
date 24-7-19.

5888 Pte. W.Hart.

C.R. 5888

Extract from Daily Orders Part III. Unit: The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5888 Pte. W. Hart.

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

C.R. 5888

Extract from Daily Orders By Major M.S. Sullivan, Commanding
Forestry Companies 26-11-18.

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

5888 Pte, W. Hart

C.R. 5888

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

5888 Pte. Hart William.

C 5888

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated August 2, 1918.

#5888 Pte. William Hart.

Attested for Gen. Service with the Royal Nfld. Regt.
from 1-8-18

W Hart

C.R. 5888

~~PRD~~

B
067400
No. 2930/423.

FROM: NEWFOUNDLAND CONTINGENT

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

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

19th February 1919

5888. Pte Hart W.H.

With reference to the following telegram from the Minister of Militia / / (36)

"Pay to- 5888. Hart.

£5.0.0.

Cheque £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H. A. Munroe Maj.

Chief Paymaster & O. i/c Records.

Feb 22nd 1919.

Receipt hereunder.

J. P. Rafter

LIEUT. COLONEL,

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of *Five pounds*

£5-0-0 in respect of

telegraphic remittance from the Minister of Militia.

Wm. Hart

No. *5888* Rank *Pte*

Witness *Ph. Memmes Lieut*

No. 7920/1554

C. P.D. 100020
N.F.P. 179.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester.



26th May 1919

5888 Pte. W.H Hart

With reference to the following telegram from the Minister of Militia / / 19 (2039):

"Pay to- 5888 W.H. Hart
£6. 0. 0.

Cheque £6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. D. [Signature]

Chief Paymaster & O. i/c Records.

May 29th 1919.

Receipt hereunder.

[Signature] LIEUT. COLONEL,
COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.
Officer Commanding

Received the sum of £ 6.0.0

Six Pounds in respect of telegraphic remittance from the Minister of Militia.

[Signature]

No. 5888 Rank Pte

Witness: *[Signature]*

Hart, W^m

5888

Pay Dept.

To Discharge Badge
AT

Advised 7/1/20.

August 7th 1919.

#5988, Pte. W. Hart,

Change Islds.

Dear Sir:

Enclosed please find Discharge Certificate
3565.

Yours truly,

Capt. &

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5888 Rank Plt Name Hart W.
 Intended place of residence Orange Islands
 2. Occupation Sailor
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 10 1919

Mrs H
 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 10 1919

Wm Hart
 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 10.7.19

Wm Hart
 Signature of soldier

W. Beaton Quis
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-8-18 No. of days on Military
 Discharged from service 24.7.19 Plus 14 days Service 372

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 24 1919

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

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 7/1919

M. Bowley
 Officer in Charge
 The Royal Newfoundland Regiment

5888 2079 / 2565

The Royal Newfoundland Regiment

Class for Demobilization:

E. 6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5888*

Name *Hart John*

Address *Charge Islands*

Present Medical Category *A 4*

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

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

Members of Board {

J. Peterson
Senior Medical Officer

S. S. S. S. S.
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 888 Rank Plr Name Hart, W.
 Date of Enlistment 1-8-18 Address Chang St District 700
 Occupation Sailor Classification for Discharge FE Medical Category JA
 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..... 9-7-19.....

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Wm Hart

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00.....

(b) Clothing Supplied

Date 10-7-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2360 to his home at Orange Isld. and Release Certificate No. 3392 issued.

Date 10-7-19

J.A. Knowlton
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 7-8-19

Date 10-7-19

H. W. Smith
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
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 10-7-19

J.A. Knowlton
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

N.R. Cooper Capt.
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.

Ice Wm Hart

Signature of Man.

J. A. Hewlett

Signature of the Vocational Officer or his Representative.

Reg. No. *5888*

Place

St. Johns

Date

10-7-19.

191

Handwritten notes and scribbles at the bottom left of the page.

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

MEDICAL HISTORY

OF

Surname

Hart

Christian Name

William H.

Table I.—GENERAL TABLE

Birthplace:—Parish

Change Islands. County

N 4 LD Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined on *27* day of *August* 191*8* on day of 191
 at *St Johns* at

Declared Age *22* years days years days

Trade or Occupation *Sailor*

Height *5* feet *5 1/2* inches feet inches

Weight *125* lbs. 11 s.

Chest Measurement { Girth when fully expanded *36* inches inches
 Range of Expansion *4* inches inches

Physical Development

Vaccination Marks {	Arm	Right	Left	Right	Left
	Number				

When Vaccinated

Vision R.E.—V= *6/6* R.E.—V=
 L.E.—V= *6/9* L.E.—V=

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

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

Approved by (Signature)

Lambert Paterson

(Rank)

Medical Officer

Medical Officer

Balisted at *St Johns* at
 on *27* day of *August* 191*8* on day of 191

Corps	Regtl. No.	Corps	Regtl. No.
-------	------------	-------	------------

Joined on Enlistment..... *Royal* *5888*

Transferred to *N 4 LD*
Regt.

Became non-effective by on day of 191 on day of 191

(Signature)

(Rank)

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. 5888 3. Rank. plc
4. Name Wort William A
(Surname) (Christian Names)
5. Age last birthday. 23
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } Sailor
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability.
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.

nil
nil
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.)

Recomplaints And Disabilities

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

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

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

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

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Repatriation

W.S. Proctor, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazley Down*

Date *9.11.19*

* 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



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 *Hart, Wm.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1838.*

Intended address *Charge Islands.*

Height on discharge *5* Feet *7"*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue.*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Geo.*

Christian name of Mother *Rosalina.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Charge Islands, March 9th, 1896*

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) *William H. Hart* (Rank) *Pl*

Station **ST. JOHN'S.** Date *1.7.19.*

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 _____

August 15, 1919

Mr. William Hart,
Change Islands.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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..... *Wellsan* 2. Surname..... *Mont*
3. Rank..... *Pte* 4. Regtl. No..... *5888*
5. Address in full to which future payments of gratuity are to be forwarded..... *Change Islands*
-
6. Date of enlistment in the Regiment..... *August 11 1918*
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 Hfld. If so, give dates and particulars of such service..... *Overseas*
-
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Eleven months*
- 1. $\frac{7}{2}$

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 Regt.? If not give? - () Date of discharge.

no

*August 7/19
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.

England

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: *Wm. Hart*

Place of Residence: *Chape Island*

Declared before me at: *St Johns*

This 10 day of *July* 1919.....

John M. Carthy
J.P.

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 Dependant.	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

By Barrister

January 2nd 1920.

#5888, Wm. Hart,
Chagn Islands. N.D.B.

Dear Sir:

With reference to your application of
resent date for Discharge Badge. This request
cannot be granted as you were discharged from
the Royal Newfoundland Regiment A I, please.

Yours truly,

Lieut.
For Paymaster.

RS/.

June 11, 1919

George Hart,
CHANGE ISLANDS.

Dear Sir:

With reference to your letter
of May 22nd. I beg to advise you that I have
cabled \$6 to 59888 Ptd. Hart

Yours truly,

Lieut.
For Paymaster



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 5 Sent by W. J. [unclear] Rec'd by _____ Check 87 No. _____

Place from St. John's
To Minister's residence



please cable 3-888
Rt Hon. Hazley Camp
Six pounds
George Hart.

76

WWB/EB

January 27th 1920.

9739

8398

To:- Major Howley,
O. I. C. Pay & Records.

From:- Vocational Officer.

Encl.

Please find enclosed herewith a letter which I have just received from William Hart. I have written to him to say that I have handed the letter over to you for your kind attention.

W. W. B.

Vocational Officer.

W. W. B.

West Toronto
Canada

144 Barton Ave

Sept 9-14/1920

Major ~~Hawley~~

O/C P.R.

Locational Officer
Military Dept Bldg.

Dear Sir

I wrote you a letter on Oct 16th

regarding the question of discharge buttons
or badge; according to the way my papers
was filled out I am under the

Impression that I should be at least
entitled to a badge; If I am not
will you please write and say so

And if I am will you please send it to
my present address. Thanking you in
anticipation I am yours respectfully

5888 Ex private Wm Hart

69

144 Barton Ave
Oct 15th 1919.

7146

To Superintendent Militia Dept
Dear Sir

Am writing you with
regard to my discharge
badge.

As you are aware I served
a little over one year
with the Regiment

and about nine months
overseas.

I am working in Canada
at present and being blessed
as a returned Soldier I
have been asked several
times to produce my
discharge badge.

2

Which of course I cannot
do

I understand I am
entitled to discharge
badge.

Would you please give this
your kindest considerations
and forward badge to
present address at
earliest convenience

As it would prove a great
advantage to me.

With every confidence in
your ability I am.

Yours Respectfully
5888 Ex Road William Hart

Address

Wm. Hart

144 Barton Ave.

Toronto West

Canada.

5888

March 6, 1920

Wm. Hart,
144, Barton Avenue
W. Toronto.

Dear Sir:

In reply to your letter of January 9th. to the Vocational Officer, I may say that it has been referred to this Department, and I have been directed to inform you that discharge Badges are only issued to men who are discharged through medical unfitness, therefore as you were not medically unfit on discharge, you are not entitled to a badge.

Yours truly,

Capt.
For Paymaster.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet

Signature of O. C. Company Chadwick

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5888 William H Hart</u>	Age on	<u>22</u> years <u>00</u> months	<u>Sailor</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>1-18-18</u>	Religion	
Joined	Date			<u>C of E.</u>	
Joined	Date	Period of	} with Colours <u>1 1/2</u> years.	Place of Birth	
Joined	Date			} with Reserve	<u>Charlottetown</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>7 8/19</u>			

To be carried over.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class 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 New South Wales* } Former Trade or Occupation } *Sailor*
2. Regtl. No. *5888* 3. Rank *PR* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Nant* *William H* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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, &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.)

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. E. Proctor *Cap*
RAME

Station *Hazeley Down*

Date *9/17/19*

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 588 Rank Pr Name Hart, W.
 Date of Enlistment 1-8-18 Address Blanc St. District Yogo
 Occupation Sailor Classification for Discharge F. 1 Medical Category A. 1
 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 9-7-19

W. Hart
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

W. Hart

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) Clothing Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2360 to his home at Orange Island and Release Certificate No. 3392 issued.

Date 10-7-19

J.A. Knowlton
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 7-8-19

Date 10-7-19

J.A. Knowlton
Depot Paymaster

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 10-7-19

J.A. Knowlton
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 24 1919

Date

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

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

Date July 31.19

[Signature]