



# FIRST NEWFOUNDLAND REGIMENT

4324

## ATTESTATION OF

No. 4324 Name John House Corps Co of E

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

1. What is your name? ..... 1. John House
2. What is your full Address? ..... 2. St Lawrence
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 4 Months
5. What is your Trade or Calling? ..... 5. Steward
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, John House 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.

John House SIGNATURE OF RECRUIT.  
R. Redwood Signature of Witness.

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

I, John House 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 27 day of Jan, 1918.

Signature of Attesting Officer Ed James Kent

### †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.....191.....  
Place..... } Approving Officer. Ed James Kent

† 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. 4324

Extract from Daily orders part II Royal Newfoundland  
Regiment Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilization has  
been CONFIRMED by officer i/c records from noted date  
5-7-19.

4324, rte. John house.

C.R. 4324

Extract from Daily Orders Part 11 Unit The Royal Bfld.  
Regt. Depot St. John's, June 11th, 1919

The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. Discharge Depot with effect from June 21/19

4324 Pte. John House.

C.R.

4324

Extract from Daily Orders Part 11 Depot, St. John's,

Date 10-6-19.

4324 Pte. John House

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R.

4324

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.

#4324 Pte. J. House.

C.R. 4324

Extract from C.R.D.R.R.S. by Lt. Col. G. Mathias, D.S.O.,  
Commanding 1st Battalion Royal Newfoundland Regiment.  
Dated 5/9/18.

The following arrived to-day and is posted to the  
following undermentioned Company.

D. COMPANY.

4324, Pte. J. House.

C.R. 4324

Extract from Annual Roll Draft # 51, to summary B.S.F.  
Subscribed Folkestone; 11-8-18.

4324 Pts. House J.



C.R. 4324

Extract from Nominal Roll Embarked St. John's for Overseas,  
Mar. 28th, 1918.

4324 Pte. Hause J.

C.R. #324

Extract of Daily Orders part 11, from Unit 4/1st  
Royal Newfoundland Regiment, Headquarters, dated  
January 23, 1918.

#4324 Pte. J. House.

Attested for General Service with the 1st Newfoundland  
Regiment, with effect from 23/1/18/17.

J. House

C.P. 4324

~~SRD~~

## Medical Report on an Invalid.

Station Haystack Barracks CampDate 1 - 5 - 19

1. Unit Royal Newfoundland
2. Regimental No. 4324
3. Rank Pte
4. Name Howse John
5. Age last birthday 23
6. Enlisted  $\left\{ \begin{array}{l} \text{on } \text{Jan 27th } 1918 \\ \text{at } \text{St John's} \end{array} \right.$
7. Former Trade } Tradesman  
or Occupation }
- 7a. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na

13. What is his present condition?

*No complaint of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*na*

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

*na*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatiation*

*W. E. Coomes*

*Sgt W. M. Capt R.M.C.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Down*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1 - 5 - 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.

† Delete this word if no exceptions are to be made.



No. 10186/994

N.F.P. 179.

NEWFOUNDLAND CONTINGENT

From:

To:

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

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

26th June 1918

July 10<sup>th</sup> 1918.

Subject: 4324, Pte. J. House,

With reference to the following telegram ( 5777 ) from the Hon. Minister of Militia, received

Pay to 4324 House £4:0:0

Draft £4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

*Cham*  
COMMANDING OFFICER ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment

LIEUT. COLONEL.

Received the sum of £4-2-0

Four pounds & two shillings account of cable remittance from Newfoundland.

John House

*F. H. Marshall*  
Chief Paymaster & O. i/c Records.

Witness, No. 4324 Rank Private

*3211 Pte. E. M. Longman*

TO, - The Chief Quartermaster,  
Royal Newfoundland Regiment,  
59 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4574	Pte	House J.	\$ 2.50	

I have the honour to be, Sir,  
~~from the Committee,~~  
Your obedient servant,

J House

Date

June 30 1918



House, J

4324

Ray & Sept.  
J

July 5, 1919

#4324 Pte. John House,

St. Lawrence, P.E.

Dear Sir:-

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

Yours truly

Captain  
Paymaster & U.I/c Records.

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..... *John* ..... 2. Surname..... *Hause* .....
3. Rank..... *Cpl* ..... 4. Regtl. No..... *4324* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *St. Lawrence, P.B.* .....
6. Date of enlistment in the Regiment..... *January 4/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in field or Overseas..... *From Jan. 4/18 to June 7/19* .....

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

..... *No* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *No* .....

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

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

19. Are you now serving in the Res?..... *No* If not give? - (c) date of discharge..... *June 7/1919*

(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, Belgium, & Germany*  
*from Aug. 1918 to Apr. 1919*

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..... *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: *J. House*  
 Place of Residence: *St Lawrence, P.B.*  
 Declared before me at: *S. John's, Nfld*  
 This *7th* day of *June* 19*19*...

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

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

July 5, 1919

#4324 Pte. John House,

St. Lawrence.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2669.

Yours truly

Captain  
Paymaster & O.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4324 Rank PAE Name House John  
 Intended place of residence St Lawrence  
 2. Occupation Orphan  
 Classification of soldier A Medical Category A1

3. The above named man is discharged in consequence of.....

**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 JUN 7 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 .....  
JUN 7 - 1919 .....  
 Signature of soldier J. House  
 Signature of witness W. J. Bowley Capt.

### 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 .....  
JUN 7 - 1919 .....  
 Signature of soldier J. House  
 Signature of witness W. J. Bowley Capt.

### STATEMENT OF SERVICE

7. Enlisted for service 22-1-18 ..... No of days on Military  
 Discharged from service JUN 21 1919 Plus 14 days ..... Service 530

### 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 .....  
JUN 21 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 .....  
July 5/1919 .....  
 Officer in Charge  
 The Royal Newfoundland Regiment

AT 13079/2669

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 334 Rank Sgt Name House John  
 Date of Enlistment 22-1-8 Address St. Lawrence District Recent 2  
 Occupation Yeoman Classification for Discharge C Medical Category A1  
 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 6-6-19 O. C. Discharge Depot JW

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

J House

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable. #60.00

(b) ~~Clothing Supplied~~

Date 7-6-19 O. i.c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *11604* to his home at *St Lawrence* and Release Certificate No. *2468* issued.

Date *7-6-19* *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 *5-7-19*

Date *7-6-19* *H.M. Worth*  
Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	<i>Form B</i>
F 178a	D 400A	B 1915	do 2nd	" 3	
L 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 *7-6-19* *J.A. Snowball*  
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratiuity

Date *JUN. 21. 1919* *R.H. Sait Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot. *[Signature]*

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*

Signature of Man

Reg. No. 4324

*J. House*

*J. A. Snow*  
Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

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

# MEDICAL HISTORY

OF

Surname HauseChristian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Lawrence County \_\_\_\_\_

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	Right	Left	Right	Left
Examined . . . . .	on <u>22</u> day of <u>January</u> 191 <u>8</u>	on _____ day of _____ 191 <u>1</u>	at <u>Headquarters.</u>	at _____
Declared Age . . . . .	<u>21</u> years <u>4 1/2</u> months	_____ years _____ days		
Trade or Occupation . . . . .	<u>Fisherman</u>			
Height . . . . .	<u>5</u> feet <u>8</u> inches	_____ feet _____ inches		
Weight . . . . .	<u>130</u> lbs.			
Chest Measurement {	Girth when fully expanded . . . . .	<u>35 1/2</u> inches		
	Range of Expansion . . . . .	<u>4 1/2</u> inches		
Physical Development . . . . .				
Vaccination Marks {	Arm . . . . .	/		
	Number . . . . .			
When Vaccinated . . . . .				
Vision . . . . .	R. E.—V= <u>4/6</u>	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)	<u>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
Enlisted . . . . .	at <u>St. Johns</u>	at _____		
	on <u>25</u> day of <u>July</u> 191 <u>8</u>	on _____ day of _____ 191 <u>1</u>		
Joined on Enlistment . . . . .	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Royal</u>	<u>4324</u>		
Transferred to . . . . .	<u>Newfoundland</u>			
Became non-effective by	on _____ day of _____ 191 <u>1</u>	on _____ day of _____ 191 <u>1</u>		
[Signature]				
[Rank]				



# The Royal Newfoundland Regiment

Class for Demobilization: g.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 6.6.19

Regimental No. 4324

Name House John

Address St Lawrence P.B.

Present Medical Category A1

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

Members of Board {

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

Robson  
Senior Medical Officer

De Burden  
M. O. Depot

## Medical Report on an Invalid.

Station Hazeley Down  
Date 1/5/19

1. Unit Royal Newfoundland  
 2. Regimental No. 4324  
 3. Rank plc  
 4. Name House John  
 5. Age last birthday 23  
 6. Enlisted { on Jan 4/18  
 at St Johns
7. Former Trade } Fisherman  
 or Occupation }  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil  
 10. Place of origin of disability. nil  
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
nil  
 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*He complains of no disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

*W. P. Proemier*

*Capl Rame*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazley Barr*

Officer in charge of Hospital.

Date *1/5/19*

\*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.

† Delete this word if no exceptions are to be made.



## 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

*John Hause*Regiment from which discharged *Royal Newfoundland*

Regimental number

*4324*

Intended address

*St. Lawrence, P.A.*

Height on discharge

*5* Feet *1*

Color of hair on discharge

*Light*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Medium*

Christian name of Father

*Elias*

Christian name of Mother

*Susan*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Grand Bank, 19 April 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)

*John Hause**Pvt.*

(Rank)

Station

*ST. JOHN'S.*

Date

*5-6-19*

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











## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
72.

Number of Sheet

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

*ONE*  
*W. B. [Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>House John</i>	Age on	<i>21</i> years <i>4</i> months	<i>Soldier</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<i>St. Johns</i>	
Joined		Date	Period of	with Colours	
Joined		Date			<i>1 1/2</i> years.
			with Reserve	<i>3 1/2</i> years.	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<i>Demobilized St John's 5 79</i>

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

4324

## DEMOBILIZATION OF

Reg. No. 4324 Rank. Pte. Name House John

Date of Enlistment 22-1-8 Address St. Lawrence District Vacant

Occupation Postman Classification for Discharge C Medical Category A-1

Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:-

N.F. P36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		
B 179c	B 120	M 93		

Date 6-6-19 O. C. Discharge Depot. jw

## PARTICULARS FOR DEMOBILIZATION

## 1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. House

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

Date 7-6-19 O i/c. Re-clothing.

## The Royal Newfoundland Regiment

4324

DEMOLIBIZATION OF

Reg. No. 4324 Rank Private Name House John

Date of Enlistment 22-1-8 Address St. Lawrence District Parsons

Occupation Fisherman Classification for Discharge C Medical Category A1

Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 6-6-19 O. C. Discharge Depot

## PARTICULARS FOR DEMOLIBIZATION

## 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

J House

Particulars passed to Vocational Officer for information and action.

Date .....

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied .....

Date 7-6-19 O/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 21604 to his home at St Lawrence and Release Certificate No. 2468 issued.

Date 7-6-19

J.A. Shaw  
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 5-7-19

Date 7-6-19

#111004  
Depot Paymaster.

Discharge 21-6-19

Forwarded the following documents to O.C Discharge Depot.

N.F. P36	B 121	N.F. Med.	D.F. 1	1
F 178	B 122	Board 1st	" 2	1
B 178a	B 1215	do 2nd	" 3	2 <u>Form B</u>
B 179	Form L	do 3rd	" 4	
B 179a	Form K	do 4th	" 5	
B 179b	B 103	MB 2	" 6	
B 179c	B 120	M 93		

Date 7-6-19

J.A. Shaw  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date JUN 21 1919

O. C. Discharge Depot.

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

Date June 16/19

James G. Smith  
for Records

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *121604* to his home at *St Lawrence* and Release Certificate No. *2468* issued.

Date *7-6-19* *J.A. Shaw*  
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 *5-7-19*

Date *7-6-19* *J.M. H.*  
Depot Paymaster.

Discharge applied for on *21-6-19*  
Forwarded the following documents to O.C Discharge Depot.

N.F. P[30]	B 120	B 121	N.F. Med.	D.F. 1.	1
B 178	B 122	B 122	Board 1st.	" 2.	1
B 178a	B 125	B 1215	do 2nd.	" 3.	2 <i>Fame</i>
B 179	Form L.	Form L.	do 3rd.	" 4.	
B 179a	D 400G	Form K.	do 4th.	" 5.	
B 179b	B 103	ME 2.		" 6.	
B 179c	B 120	M 93.			

Date *7-6-19* *J.A. Shaw*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date *JUN 21 1919*  
O. C. Discharge Depot.

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

Date *June 16/19* *James Gash*  
Post Records



DEPARTMENT OF VETERANS AFFAIRS  
WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address Hal.

The Public Archives Records Centre,  
Tunney's Pasture,  
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section

For attention of:

Re: HOUSE John  
(Surname) (Christian Names)

Service No. 4324

Veteran is stated to have served during S. African War( ) World War I (X)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

- | 1. UNITS (including that of discharge) | HIGHEST RANK IN UNIT: |
|--|-----------------------|
| (a) <u>Royal Nfld Regt.</u>            | <u>Pvt.</u>           |
| (b) _____                              | _____                 |
| (c) _____                              | _____                 |
| (d) _____                              | _____                 |
| (e) _____                              | _____                 |
| (f) _____                              | _____                 |
- (If other than CEF please so designate following applicable unit)

PUBLIC ARCHIVES RECORDS CENTRE  
NOV 19 1964  
OTTAWA, ONT., CANADA

2. THEATRES OF SERVICE

- (a) South African War  
Date and port of embarkation \_\_\_\_\_
- (b) World War I - (If Canada only, state if with territorial limitations).  
Canada, Britain - France  
Date(s) embarked for U.K. \_\_\_\_\_  
IF CANADA AND U.K. ONLY Date(s) disembarked in Canada from U.K. \_\_\_\_\_  
Period(s) of desertion in U.K. \_\_\_\_\_

3. Any other military service.

Nil

4. Date and place of all enlistments.

22 Jan 1918 - St Johns, Nfld

5. Date of all discharges and reason.

5 July 1919 - Demob.

6. Date and place of birth as per attestation paper.

19 April 1896 - Grand Bank, Nfld.

7. Marital status; if married, name in full of wife.

Single

8. Religion.

C of E.

9. Decorations, if any.

Nil