



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

4316

No. 4316 Name Michael Hefferman Corps R/c

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Michael Hefferman</u> |
| 2. What is your full Address? | 2. <u>St. Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>26</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Hefferman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Michael Hefferman 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.

H. 17-1-15 Michael X. Hefferman SIGNATURE OF RECRUIT.
B. B. Gunn Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Hefferman 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. Johns on this 17 day of Jan 1915
John Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.
 Date..... Jan. 17. 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Michael Heffernan
 Apparent age 26 years 7 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Mary Heffernan
Howards | Relationship Mother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>17-1-18</u>									
Joined at <u>Melton</u> on <u>January 7-18</u>									
<u>Discharged June 30-19</u>									
<u>Embarked at Melton N. Lloyd to Halifax N.S. 29-18</u>									
<u>Embarked for N.S. 2-7-18. June 18th. 12-7-18. Arrived in N.S. from N.S. 23-19 to Newfoundland for demobilization 22-5-19</u>									
<u>Arrived Newfoundland 1-6-19</u>									
<u>Demobilization at Halifax 30-6-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 30-6-19 (date of discharge) 1 years 65 days
 " " Pensions " " " " " " " " " " " "

Reg. No. 4316 Rank Pte Name Hefferman D.

Attested 17-1-18. Address Goulds Elphinstone West

Allotment 50^d Allottee Mrs. (Philip) Mary Hefferman Mother

Date of Allotment 1 2/18. Returned from Overseas _____

Embarked for Overseas _____ Cause _____

1st Dec. 18th 18.

H. S. 25.1.18. 28.1.18

C.R. 4 316

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 16th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 30--6-19

4316 Pte. M. Hefferman.

C.R. 4316

Extract from Daily Orders Part 11 Unit The Royal WFLD.
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has
been APPROVED by O.C. Discharge Depot with effect from
19-6-19.

4316 Pte. M. Hefferman.

C.R. 4316

Extract from Daily Orders Part 11 Depot, Sp. Johns,

Date June 18th 1919.

4316, Pte. N. Hefferman.

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

C.R.

4316

Extract from Memorial 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.

#4316 Pte. M. Hefferman.

C.R. 4316

Extract from Nominal Roll to B.M.F. embarked Polaris

2-7-18

#4316 Pte.M.Hefferman.

C.R. 4316

Extract from Nominal Roll Draft "H" Company 1st Battalion
S.I. "Florinel" Jan. 29th, 1918.

4316 Pte. Hefferman M.

C.R. 4316

Extract of Daily Orders part 11, from Unit 4/1st
Royal Newfoundland Regiment, Headquarters,
dated January 18, 1918

#4316 Pte. M. Hefferman.

Att sted for General Service with the 1st Nfld.
Regt. with effect from 17/1/18.

M. Hefferman

C.R. 4316

PRO

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* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4016* 3. Rank..... *Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *A. Jefferman* *M.*
(Surname) (Christian Names)
5. Age last birthday... *28*
(a) Former Regts. or Corps ;
with Regtl. Nos.
6. Posted for duty on... *Jan. 2/18* at... *Sophus*
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 *na*
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the } *? V.D.S. correct*
 man's part. }
- 14 (a). If not due to any of these causes, to what }
 specific condition do you attribute it ? } *nu.*

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.)

See 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 ?

na
na
na

na
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. Proeminier. Capt. R. A. M. C.
 Medical Officer in charge of case.

Station *H. O. Camp.*
 Date *17/5/19*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier

(a) Attributable to

(b) Aggravated by

Give details :

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

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Langley, D. Camp* } President or Chairman.
 Date *17/6/19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
 Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

4968/85/P&A

The Hon. the Minister of Militia,

St. John's,

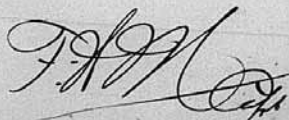
Newfoundland.

28th March

9.

4316 Pte. M. Hefferman.

N2F.P/82 (Claim for Separation Allowance) relating
to the above named soldier.

A handwritten signature in dark ink, appearing to be 'F. W. M. O' with a flourish underneath.

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

1. Regimental No. and Rank	#316 Private
Name (in full)	Michael Heffernan
Date of Enlistment	17 Jan. 1918
Unit	1st Royal Newfoundland Regiment
2. Name(s) of Dependent(s) (in full)	Mrs. Mary Heffernan Mother Philip Heffernan Brother Maggie Heffernan Sister Patrick Heffernan Invalid Brother
Relationship	
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Goulds Bay Bulls Road, St. John's, Gabriel, Newfoundland
3. Ages of Children:	Brothers Sisters
Girls under 17 years	Philip Heffernan 12 yrs. Maggie Heffernan 14 "
Boys " 16 "	Patrick Heffernan (Invalid) 25 yrs.
4. Children's Guardian	Mother
Address	
5. Particulars of Allotment	\$ 50 cents per day in favour
Allottee	of Mrs. Mary Heffernan
Address	Goulds - Nfld.
Date effective from	1 Feb. 1918.
6. Date of Marriage	
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	no.
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	no.

9. Name and address of your last Employer.	<i>Leslieman</i>
10. The amount of your salary or wages immediately prior to Enlistment.	<i>\$300.</i>
11. Are your wages or any portion being paid by your employer during your absence?	<i>no</i>
12. If paid, what is the amount per month?	<i>—</i>
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	<i>—</i>

I CERTIFY that the above is a true statement.

his
Michael J. Heffernan
mark
Witness
Thomas

Signature of Officer forwarding this Application.

Unit *1st Royal Newfoundland Regt. Capt. S. Frost*

Date *17/3/19.*

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____

SUSPENSE

CLEARED

3778/150/P.&A.

CHIEF PAYMASTER & OFFICER I/C. RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

From O.C. R.Nfld.Regt.,

O.C.1/R. Newfoundland Regt.
B.E.F.

To Chief Paymaster & O.i/c.Recds.
London.

WF/FK.

Pay & Recrd Office.

8th March 9

12th March 1919.

4316 PTE. M.HEFFERMAN.
R. NEWFOUNDLAND REGT.

4316. PTE.M. HEFFERMAN.

Herewith N.F.P/82

With reference to your
memorandum F.W.4, 3/3/19,
(1904): N.F.P/82 is enclosed
for completion and return,
please.

duly completed, please.

Capt.
Asst. Paymaster.
For Chief Paymaster & O.i/c.Recds.

Signed A.E. Bernard, Major.
Commanding 1st/R.Nfld.Regt.

4982

O/C. 1st Batt.R.Nfld.Regt.,
B.E.F.

Pay & Record Office.

28th March 1919.

Reference reverse. Claim
has been forwarded to the
Minister of Militia for
consideration, please.

Capt.
Asst. Chief Paymaster.
For Chief Paymaster & O.i/c.Recds.

FK.

MEMORANDUM.

From *W.C.*
1st R. Newfoundland Regt.

NEWFOUNDLAND CONTINGENT,
88, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Date 3-3-1919

4316 Pte M. HEFFERMAN

This man has been the sole support
of his ~~mother~~ since his enlistment 17/1/18,
and is now the sole support of his
invalided brother.

Please forward necessary forms
for application for separation allowance

NEWFOUNDLAND CONTINGENT	
PAY & ALLOWANCES	1909 ✓
<i>A.S. Newman for</i>	
<i>Capt. Newman</i>	
LIEUT. COL.	
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.	
3778/150	
RECEIVED BY	
CHIEF CLERK	BY
COMM.	
P.R.A.	
R.&C.	
B.&E.	
P.S.	

F.W. 4.

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
55 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 1916.

Regtl. No.	Rank	Name	Amount	Signature:
41366	Pte.	Hafferman. Wm.	\$ 2 50	

I have the honour to be, Sir,

~~Very respectfully,~~
Your obedient servant.

Date

28-6-16

Wm. Hafferman
Sgt. R.N.W.M.

~~No. 4968/85/P&A~~

~~NEWFOUNDLAND COMPINGENT~~

N.F.P/55.

ENCLOSURE

To: The Hon. the Minister of Militia,

Record Office,
58, Victoria Street,
London, S.W.,

St. John's,

Posted.....

28th March 1919.

Newfoundland.

Reference: 4316 Pte. M. Hefferman.

Herewith N.F.P/82 (Claim for Separation Allowance) relating
to the above named soldier.

Please acknowledge receipt hereon.

(Sig.) _____

(Date) _____

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

BC

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

Posted

1. Regimental No. and Rank	4316	Private.
Name (in full)	Michael Heffernan	
Date of Enlistment	17th January 1918	
Unit	1st. Royal Newfoundland Regiment.	
2. Name(s) of Dependent(s) (in full)	Mrs. Mary Heffernan	Mother.
	Philip Heffernan	Brother
	Maggie Heffernan	Sister.
Relationship	Patrick Heffernan, Invalid Brother.	
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Goulds, Bay Bulls Road, St. John's District, Newfoundland.	
3. Ages of Children: Brothers & Sisters	Philip Heffernan	12 years.
Girls under 17 years	Maggie Heffernan	14 "
Boys " 16 "	Patrick Heffernan, (Invalid)	25 "
4. Children's Guardian	Mother.	
Address		
5. Particulars of Allotment	* 50 cents per day in favour	
Allottee	of Mrs. Mary Heffernan.	
Address	Goulds, Nfld.	
Date effective from	1st. February, 1918	
6. Date of Marriage	-----	
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	No.	
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No.	

9. Name and address of your last Employer.	Fisherman,
10. The amount of your salary or wages immediately prior to Enlistment.	\$ 300.
11. Are your wages or any portion being paid by your employer during your absence?	No.
12. If paid, what is the amount per month?	-----
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

(Signed) Michael ^{his} X Mark Heffernan
 (Signed) E. Mercer
 Witness

Signature of Officer forwarding this Application.

Unit C. S. Frost Capt.
1st. Royal Newfoundland Regiment.
 Date 17/3/19

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____

MEMORANDUM.

From C.C. 1st. Bn.
R. Newfld. Regt.
Hazeley Camp
Winchester.

To Officer i/c Records
London.

Date May 14th. 1916

Herewith A.F.B. 64 of
4316 Pte. M. Hefferman who was discharged
from hospital 13-5-19, please.

J. Williams
Lieut. & a/Adj.

3669
15 MAY 1916

7690/26, 19/5/19

W.P.S.

" Dental Department "

Central Military Hospital,
Winchester.

To. Medical Officer i/c

Royal Nfld. Regt.

Hazley Down

29-3-18.

No. 4316. Pte Hoffmann.

3 has been fitted with an ^{upper} ~~lower~~ denture.

Will you kindly see that this fact is recorded
in his Medical History Sheet and Army Book 64.

J. K. Anderson

Capt. R.A.M.C.
Dental Surgeon.

Kefferman, L

43/6

Gay Dept.

The Royal Alld. Regiment

DEMOBILIZATION

No 315 Rank

Name *Hefferman M*

Warned for demobilization on

JUN 16 19

June 30, 1919

#4516 Pte. Michael Hefferman,

Goulds,

St. John's West.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2544.

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4316 Rank Pte. Name Hefferman, M.
 Intended place of residence Canada, St. John's
 2. Occupation Ironworker
 Classification of soldier E Medical Category FI

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 JUN 16 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 16 1919
 Signature of soldier M. Hefferman
 Signature of witness J. Brown 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 16 1919
 Signature of soldier M. Hefferman
 Signature of witness W. Bealoy Esq.

STATEMENT OF SERVICE

7. Enlisted for service 17-1-18 No of days on Military
 Discharged from service 16-6-19 166 DAYS Service 530

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
JUN 16 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
June 30, 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

29 B 2079/2044

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4316 Rank Plt Name Hefferman M
 Date of Enlistment 17-1-18 Address Quilley District St. John's
 Occupation Asst. Gunner Classification for Discharge 4 Medical Category A.1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 14-6-19 No. C. Discharge Depot. #111111

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 \$60.00

(b) Clothing Supplied None

Date 16-6-19

O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 11809 to his home at Joulas, St. Louis and Release Certificate No. 2834 issued.

Date 16-6-19

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 30-6-19

Date 11-6-19

J. H. [Signature]
Depot Paymaster.

Discharged approved for 16-6-19

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 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
B179c	B 120	M 93		

Date 16-6-19

J. A. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 16 1919

R. H. [Signature]
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: *F*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *14.6.19*

Regimental No *4316*

Name *Hefferman D.* Rank

Address *Souls*

Present Medical Category *A-1*

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

Members of Board

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

H. Adams
Senior Medical Officer

R. W. 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.

Heppervan D.

Signature of Man.

Reg. No. *4316*

J. B. Snowcraft

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *16-6-19*

191

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

MEDICAL HISTORY

Surname Heffernan OF Christian Name Michael

Table I.—GENERAL TABLE.

Birthplace:—Parish Goold's County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	17 day of <u>July</u> 1918	<u>Headquarters</u>	day of	191
Declared Age	26 years 7 days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	5 feet 7 inches		feet	inches
Weight	128 1/2 lbs.			lbs.
Chest Measurement	Girth when fully expanded...	35 1/2 inches		inches
	Range of Expansion..	3 1/2 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	—	—		
When Vaccinated				
Vision	R.E.—V=	6/6 6/6	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>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>St. John's</u>	at	
	on	17 day of <u>July</u> 1918	on	day of 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>Royal Newfoundland</u>			
Transferred to	<u>4316</u>			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				



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 *Michael Hefferman*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4316*

Intended address *Soulds. Bay Bulls Rd.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father _____

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Soulds. 2nd May 1892.*

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) *Michael Hefferman*

He
(Rank)

Station _____

Date *14/6/19*

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 _____

Casualty Form - Active Service.

Regiment or Corps Royal Newfoundland 17-5-1890

Rank Private Surname Heffernan Christian Name Nicholas
 Religion R. C. Age on Enlistment 26 years 7 months
 Enlisted (a) 17-1-18 Terms of Service (a) Duration Service reckons from (a) 17-1-18
 Date of promotion to present rank Date of appointment to lance rank
 Extended 5 { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation fisherman W. H. G. S. Signature of Officer

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				
		A I.	Embarked	2 JUL 1918	
		28. 6. 18.	Disembarked	5 JUL 1918	
			Joined Battalion	Field	9-7-18 BU3d 13/1/18
		Arrived in UK		28/4/19	
	<u>Am T</u>				

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Signaling-Smiths, &c.

W. 2025 312733 2nd Edn 9/17 (35611) C. P. & S., Ltd., Form B.103 8/1907.

P.T.O.

NEXT OF KIN: Mary Heffernan London W. H. G. S.

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 F., 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 } *Fisherman*
 2. Regtl. No. *4316* 3. Rank *Private* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Jefferman* (Surname) *M* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday *28*
 6. Posted for duty on *Jan 2/18* at *St. John's* 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 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. *Nil*
 12. Place of origin of disability. *nil*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

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.

Station *H. D. Camp.*

Date *17-5-19*

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

(a) attributable to (b) aggravated by

na
3. 9. 11. 1918

na
He complains of no
disability

na
na
na
na

Repatriation

W. Proemier. Capt R.A.M.C.
 Medical Officer in charge of case.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier

Give details :

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

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20; less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Langley D. Camp* } President or Chairman.
 Date *17-5-19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station
 Date Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

ORIGINAL.

No. 10463

NEWFOUNDLAND CONTINGENT

N.F.P./54.

To: The Minister of Militia
St. Johns.
Newfoundland

No. 494

" " Company.

MEMORANDUM OF ~~STOPPAGES~~/CREDITS on account of
Allotment

NOTE:- Charge under

Column.

~~Credit~~ Pay and Record Office, London

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT					
			£	s	d	s	d	
✓ 4316	Pte. Hefferman M.	Overcharged Allotment for the period 23/4/19 = 20/5/19 = As per observation 1st. En. Pay Books period ended 20/5/19	2	80				
			£2	80				

CHECKED
[Signature]
18/8/19

WM

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

Aug. 16th. 1919.

[Signature]
Chief Staff Officer (London).

CERTIFIED THAT the above ~~stoppages~~/Credits have been made in the Pay Book " Hqrs. Co'y for Period / / to / / and Debited to P. and R. Office, London.
Dated at _____

_____ 1919.

O.C. " " Company,
_____ Battalion.

Return ORIGINAL, retain DUPLICATE.

DUPLICATE.

No. 10463

NEWFOUNDLAND CONTINGENT

N.F.F./54.

No. 494

TO: **The Minister of Militia
St. Johns.
Newfoundland**

" " Company.

MEMORANDUM OF ~~EXPENSES~~ CREDITS on account of

Allotment

NOTE:- Charge under

Column.

~~Debit~~ Pay and Record Office, London

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT				
			£	s	d		
4316	Pte. Hefferman M.	Overcharged Allotment for the period 23/4/19 = 20/5/19 = As per observation 1st. Bn. Pay Books period ended 20/5/19	2	80			
			2	80			

CHECKED
[Signature]
18/8/19.

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

Aug 16th 1919.

[Signature]
Chief Staff Officer (London).

CERTIFIED THAT the above ~~Expenses~~ Credits have been made

in the Pay Book " " Co'y for Period / / to / /

Hqrs.

~~and~~ Debited to P. and R. Office, London.

1919.

O.C. " " Company,
Battalion.



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 *Michael* Surname *Hefferman*

3. Rank *Plt* 4. Regtl. No. *4316*

5. Address in full to which future payments of gratuity are to be forwarded *Goulds, St. Johns West*

6. Date of enlistment in the Regiment *Jan. 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 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.....

From Jan. 4/18 to June 16/19 1 1/2

July 10

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 Regt.?..... If not give? - (a) date

of discharge..... (b) Reason for discharge..... *No*
Newspaper *Newspaper*

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 - Perona
July 1918 to April 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.

his
Michael J. Heffernan

Signature of Applicant:

Place of Residence:

Declared before me at:

This

16th day of *June* 19*19*
Gonzaga, N. J.
John W. Carthy

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

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

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

1. Regimental No. and Rank	4316 Private.
Name (in full)	Michael Heffernan
Date of Enlistment	17th January 1918
Unit	1st. Royal Newfoundland Regiment.
2. Name(s) of Dependent(s) (in full)	Mrs. Mary Heffernan Mother. Philip Heffernan Brother Maggie Heffernan Sister. Patrick Heffernan, Invalid Brother.
Relationship	
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Goulds, Bay Bulls Road, St. John's District, Newfoundland.
3. Ages of Children: Brothers & Sisters Girls under 17 years Boys " 16 "	Philip Heffernan 12 years. Maggie Heffernan 14 " Patrick Heffernan, (Invalid) 25 "
4. Children's Guardian	Mother.
Address	
5. Particulars of Allotment	\$ 50 cents per day in favour of Mrs. Mary Heffernan, Goulds, Nfld. 1st. February, 1918
Allottee	
Address	
Date effective from	
6. Date of Marriage	-----
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	No.
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No.

4338

9. Name and address of your last Employer.	Fisherman,
10. The amount of your salary or wages immediately prior to Enlistment.	\$ 300.
11. Are your wages or any portion being paid by your employer during your absence?	No.
12. If paid, what is the amount per month?	-----
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	-----

I CERTIFY that the above is a true statement

(Signed) Michael ^{his} _{Mark} X Heffernan

(Signed) F. Mercer
Witness

Signature of Officer forwarding this Application.

C. S. Frost Capt.

Unit 1st. Royal Newfoundland Regiment.

Date 17/3/19

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₄

July 10 1919

Received from the First Newfoundland Regiment
the sum of Seventy 00
on account of Pay. W.S.G.
Balance

Do Not

hi
M. X. Stefferman
mark

Ch. No.	2613	Initials	<i>EW</i>
Pay Ledger	393	Initials	<i>W</i>
Gen. Ledger		Initials	

Regtl. No.

Wit tank E. Walsh

No. 4316

Rank Pt.

Name M. Jefferson

ST. JOHN'S,

JUN 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte M Hefferman
Goulds

Billeting Soldiers as undermentioned

from June 1/19 to June 16/19

4316 Pte M Hefferman 16. 60

APPROV	<u>B. M.</u>
NO. 23763	<u>C. W.</u>
DATE	
BY	<u>J. J.</u>
GEN. CLERK	

Certified correct for \$ 16.60

A. M. Blouster

Billeting Officer.

Pte M Hefferman

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
20.

Regiment of

*Royal Newfoundland*Number of *Days*

Signature of O. C. Company

Whitely

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on		<i>Hibernian</i>	
<i>4316</i>	<i>Heffernan M.</i>	<i>26</i> years <i>7</i> months		Religion	
Joined	Date	Place and Date of Enlistment	<i>St John's</i> <i>17-1-18</i>	<i>R.C.</i>	Place of Birth
Joined	Date				
Joined	Date	Period of	with Colours <i>165</i> years.	with Reserve <i>365</i> years.	
Joined	Date				

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
									<i>Demobilised St John's 30th 79</i>

To be carried over

The Royal Newfoundland Regiment

4316

DEMOBILIZATION OF

Reg. No. 4316 Rank Private Name Hefferman, M.
 Date of Enlistment 17-1-18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge 1 Medical Category 1 A 1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	N.F. Med	D.F. 1
B 178	B 349A	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 12-6-19 Mrs H.
 P.O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Mrs Hefferman
with 20 baby

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 1 man cap

Date 16-6-19

O/c. Re-clothing

The Royal Newfoundland Regiment

4316

DEMOBILIZATION OF

Reg. No. 4316 Rank Private Name Hefferman M
 Date of Enlistment 17-1-18 Address Caughy District St. John's
 Occupation Fisherman Classification for Discharge 1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 438	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	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 14-6-19 in O. C. Discharge Depot.

Mrs H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Mrs Hefferman
with W. Sabo

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 100% (Man Capt)

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 16-18-09 to his home at meads strkus and Release Certificate No. 2834 issued.

Date 16-6-19 *J. H. Brown*
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 16-6-19.

Date 11-1-19 *J. H. Brown*
Depot Paymaster.

Discharge approved for 16-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3404	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
B179c	B 120	M 93		

2 Form B

Date 16-6-19 *J. H. Brown*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date JUN 16 1919
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date June 4/19 *J. H. Brown*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *11-15-19* to his home at *11-15-19* and Release Certificate No. *2834* issued.

Date *16-6-19* *[Signature]*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *30-6-19*.

Date *11-1-19* *[Signature]*
Depot Paymaster.

Discharge approved for *16-6-19*
Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 268	B 421	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 *16-6-19* *[Signature]*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Date *JUN 16 1919* *[Signature]*
O. C. Discharge Depot.

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

Date *June 4/19* *[Signature]*