



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4375 Name Samuel J. Heffernan Corps COFE

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Samuel J. Heffernan</u>      |
| 2. What is your full Address? .....  | 2. <u>St. John's</u>               |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>27</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Blacksmith</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. II. ....                       |

I, Samuel J. Heffernan 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.

Samuel J. Heffernan SIGNATURE OF RECRUIT.

Samuel J. Heffernan Signature of Witness.

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

I, Samuel J. Heffernan 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 28 day of March 1915

Samuel J. Heffernan 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 ..... 1915 } Approving Officer.  
Place .....

† 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) .....

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Saml Heffernan  
 Apparent age 22 years 0 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm Heffernan  
1000 ... | Relationship Father

### Particulars as to Marriage

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

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
|     |     |     |     |

### Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
|                 |                         |

## STATEMENT OF THE SERVICES

| Corps in which served                                 | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension |      | Service in Reserve not allowed to reckon towards G. C. Pay |      | Signature of Officers certifying correctness of entries   |
|---|---------------|--|-----------|-------|--|------|--|------|---|
|   |               |  |           |       | Years  | Days | Years  | Days |   |
| Service towards limited engagement reckons from _____ |               |  |           |       |  |      |  |      | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| Joined at _____ on _____                              |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....                 |               |  |           |       |  |      |  |      |   |

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4375 Name Saml J. Heffernan Corps COFE

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

1. What is your name? ..... 1. Saml J. Heffernan
2. What is your full Address? ..... 2. N. St. John's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years 0 Months
5. What is your Trade or Calling? ..... 5. Seafaring
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, Saml J. Heffernan 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.

Saml J. Heffernan SIGNATURE OF RECRUIT.  
Geo. Leahy Signature of Witness.

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

I, Saml J. Heffernan 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 28 day of March 1915

Geo. Leahy 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.....191.....  
Place..... } 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).....

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





*[Handwritten signature]*

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *4375* Name *Saml. Hefferman* Corps *COFE*

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

- 1. What is your name? ..... 1. *Saml. Hefferman*
- 2. What is your full Address? ..... 2. *Newtown*
- 3. Are you a British Subject? ..... 3. *Yes*
- 4. What is your age? ..... 4. *22* Years ..... Months
- 5. What is your Trade or Calling? ..... 5. *Seaching*
- 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*

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

I, *Saml. 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.

*Saml. J. Hefferman* SIGNATURE OF RECRUIT.  
*A. W. Pittman* Signature of Witness.

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

I, *Saml. 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. John's* on this *28* day of *March* 191*8*  
Signature of Attesting Officer *Geo. Leath Major*

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the.....  
If enlisted by special authority, such will be attached to the original attestation.  
Date.....191.....  
Place..... } 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).....



Nefferton, S.A.

4375

Ray Dept.



# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

|   |                          |
|---|--------------------------|
| No. <u>4375</u>   | Army Rank <u>Private</u> |
| Name _____<br><small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>  |                          |
| Corps <u>Samuel J. Jefferton</u>  |                          |
| Battalion, Battery, Company, Depot, &c. _____<br><small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>  |                          |
| Date of discharge <u>September 30th 1918</u>  |                          |
| Place of discharge <u>St. John's Road</u>   |                          |
| 1. Description of the time of discharge.  |                          |
| Age <u>22</u> years <u>6</u> months<br>Height <u>5</u> feet <u>8 1/2</u> inches<br>Chest measurement { girth when fully expanded _____ ins.<br>range of expansion _____ ins.<br>Complexion <u>fair</u><br>Eyes <u>blue</u><br>Hair <u>fair</u><br>Trade <u>leather</u><br>Intended place of residence { <u>Newtown, B.D.</u><br>(To be given as fully as practicable) | Descriptive marks.       |
| 2. The above-named man is discharged in consequence of <u>having been found to be physically unfit for war service</u>  |                          |
| <small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>   |                          |
| 3. Military character:— <u>Very</u>   |                          |
| 4. Character awarded in accordance with King's Regulations:—<br>_____<br>_____<br>_____<br>_____<br>_____   |                          |
| Certified that the above is an accurate copy of the character given by me on Army Form B. 2087* and that Army Form D. 489 was awarded in this case.   |                          |
| Initials of Commanding Officer.   |                          |
| Army Form B. 2088 has been issued to*   |                          |

To be filled in on the soldier quitting the Colours.



5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St Johns \_\_\_\_\_

S J Heffer (Signature of Soldier.)

(Date) 9/10/17 \_\_\_\_\_

W Newbery (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_  
(Signature of Soldier.)

10. Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

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No Reservations

Samuel J. Heffernan

Witness W. Newbury. P.M.

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

# MEDICAL HISTORY

OF

Surname Hefferman Christian Name Samuel J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Newton & Bay County Newfoundland

|   | SPECIAL RESERVE.   |                            | REGULAR ARMY.             |                  |
|---|--|----------------------------|---------------------------|------------------|
|   | Right  | Left                       | Right                     | Left             |
| Examined ....   | on <u>28<sup>th</sup></u> day of <u>March</u> 191 <u>8</u> |                            | on _____ day of _____ 191 |                  |
|   | at <u>St Johns</u>   |                            | at _____                  |                  |
| Declared Age ...  | <u>22</u> years — days                                     |                            | years                     | days             |
| Trade or Occupation ...   | <u>Fideler</u>   |                            |                           |                  |
| Height ....   | <u>5</u> feet  | <u>9</u> inches            | feet                      | inches           |
| Weight ....   |  | <u>145</u> lbs.            |                           | lbs.             |
| Chest Measurement {   | Girth when fully expanded....                              |                            | <u>36</u> inches          |                  |
|   | Range of Expansion..                                       |                            | <u>4</u> inches           |                  |
| Physical Development....  |  |                            |                           |                  |
| Vaccination Marks {   | Arms .....   |                            |                           |                  |
|   | Number .....   |                            |                           |                  |
| When Vaccinated ....  |  |                            |                           |                  |
| Vision ....   | R.E.—V=  | <u>6/20</u>                | R.E.—V=                   |                  |
|   | L.E.—V=  | <u>6/20</u>                | L.E.—V=                   |                  |
| (a) Marks indicating congenital peculiarities or previous disease | (a)  |                            | (a)                       |                  |
|   | (b) Slight defects but not sufficient to cause rejection   |                            | (b)                       |                  |
| Approved by (Signature)   | <u>Lamont Peterson</u>                                     |                            |                           |                  |
| (Rank)  | <u>Major</u>   |                            |                           |                  |
|   | Medical Officer.   |                            |                           | Medical Officer. |
| Enlisted ....   | at <u>St Johns</u>   |                            | at _____                  |                  |
|   | on <u>28</u> day of <u>March</u> 191 <u>8</u>              |                            | on _____ day of _____ 191 |                  |
| Joined on Enlistment....  | Corps.   | <u>The Royal Wfla Regt</u> | Corps.                    |                  |
|   | Regtl. No.   | <u>4375</u>                | Regtl. No.                |                  |
| Transferred to ..   |  |                            |                           |                  |
| Became non-effective by   |  |                            |                           |                  |
|   | on _____ day of _____ 191                                  |                            | on _____ day of _____ 191 |                  |
| [Signature]   |  |                            |                           |                  |
| [Rank]  |  |                            |                           |                  |





Department of Militia, Newfoundland.  
Medical Department.

**Medical Report on an Invalid.**

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's*  
Date *Sept. 12/18*

1. Unit *1st. Newfoundland*
2. Regimental No. *4375*
3. Rank. *L/cpl*
4. Name. *Hefferton Samuel*
5. Age last birthday. *22 years*
6. Enlisted on *March 28/18*
7. Former trade or occupation *School Teacher*

8. Disability

|                         |   |                        |  |
|-------------------------|---|------------------------|--|
| <i>Defective Vision</i> | } | <i>without Glasses</i> | <i>O.D. <math>\frac{6}{40}</math></i>  |
|                         |   |                        | <i>O.S. <math>\frac{6}{120}</math></i> |
| <i>with Glasses</i>     | } |                        | <i>O.D. <math>\frac{6}{15}</math></i>  |
|                         |   |                        | <i>O.S. <math>\frac{6}{20}</math></i>  |

9. History: *Enlisted March 28/18 sight test  $\frac{6}{20}$  both eyes*

10. What is his present condition? *Complains of headaches. Cannot do without glasses.*  
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.) *Sight test at present time is without glasses  $\frac{6}{40}$  R.D.  $\frac{6}{120}$  O.S.*

*with Glasses  $\frac{6}{15}$  R.D.*  
*Report of Dr. Murphy received  $\frac{6}{30}$  O.S.*  
*General condition good*

11. Was sanatorium advised and refused?   
operation

12. Do you recommend discharge as permanently unfit? *Yes.*

Signature *J. M. Bunker*  
Rank or Qualification *Reg. M.D.*

Remarks if any by Officer in Charge Hospital.

Place ..... Signature .....

Date ..... Rank .....

# Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words.

13. For pension purposes, the disability x *Cannot* be considered as aggravated by:—  
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings. *yes*

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—  
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— *nil*

16. Is the disability permanent? *yes*

17. Has the disability been aggravated by (a) Intemperance. *no* (b) Misconduct. *no*

18. The refusal of operation sanatorium is:— (a) Reasonable. *no*  
(b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to  

|                           |           |
|---------------------------|-----------|
| General Hospital,         |           |
| Naval and Military Con-   |           |
| valescent Hospital,       | <i>no</i> |
| Jensen Tuberculosis Camp. |           |

20. We recommend discharge from retention in the Army *Permanently unfit*

Remarks if any:—

*G. S. Fraser* .....  
 President  
*John Duncan* .....  
 Signatures.  
*J. Sinclair Tait* .....

Place *St. John's* .....  
 Date *Sept. 15/18* .....

APPROVED  .....

CERTIFIED CORRECT COPY  
 CLUNY MACPHERSON, Major  
 Per *97 13*

D. W. S. NEWFOUNDLAND,  
 Administrative Medical Officer.



## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.4375

ST. JOHN'S, NEWFOUNDLAND.

November 13th., 1918

Capt. J. M. Howley,  
Paymaster.

4375. L/Cpl. S. Hefferton

The marginally noted man has been working in this department from October 12th. to November 13th. inclusive, and is to be paid at soldiers rate of pay.

*W.A.* / *Cluny Macpherson*  
Major, D. M. S.



C.R. 4375

Extract from list of men of the Royal Newfoundland Regiment  
discharged on various dates.

4375 Pte.S.Heffeman,

Discharged 30-9-18, Medically unfit

C.R. 4375

Extract from Daily Orders Part 11 Unit The Royal Nfld.Regt.,  
St. John's Oct.5th,1918.

4375 Pte. S. Hefferman.

Having been found medically unfit is discharged from 30-9-18.

C.R. 4375

PRELIMINARY REPORT.

Extract from Medical Board held Sept. 14th, 1918.

4375 L/C. Hefferton, S.

Recommended Discharge--permanently Unfit.

C.R. 4375

Entered from Daily Orders Part II Unit The Royal 221. Regt.  
St. John's, dated September 5th, 1918.

4375 Pte. S. Hefferton.

To be L/Cpl. from 5-9-18.

C.R. 4375

Extract of Daily Orders p rt 11, from Unit The Royal  
Newfoundland Regiment, St. John's. March 30, 1918.

#4375 Pte. S. Hefferton.

(to report July 10, 1918.)

Attested for General Service with effect from 28/5/18.

Form No. —



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

*Def 4375*

Line No. \_\_\_\_\_

Sent by \_\_\_\_\_

Rec'd by \_\_\_\_\_

Charge \_\_\_\_\_

No. \_\_\_\_\_

Place from \_\_\_\_\_

*Catalina 26*

To \_\_\_\_\_

*Capt J O Grady*



*Impossible to return  
today no connections  
reporting when possible  
pke S J Hefferton*



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Hefferton, Regl. No. 4375

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins Sept 1st/18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full)               | ADDRESS | AMOUNT (each person) |
|--------------------------|---|------------------------------|---------|----------------------|
| 6542                     | wife  | Mrs. Saml Hefferton (Minnie) | Trinity | 70                   |
|                          |   |                              |         |                      |
|                          |   |                              |         |                      |
|                          |   |                              |         |                      |
|                          |   |                              |         |                      |
|                          |   |                              |         |                      |
|                          |   |                              |         |                      |
|                          |   |                              |         |                      |
|                          |   |                              |         |                      |
| Total Allotment, \$      |   |                              |         | 70                   |

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) W. D. ...

Officer Commanding Company

Royal Newfoundland Regt  
 July 15th 1918

(Sig.) S. Hefferton

(Rank) Private



## 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 *Nefferton Samuel.*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *11375*  
 Intended address *New Bore B.B.*  
 Height on discharge *5* Feet *8 1/2*.  
 Color of hair on discharge *Fair*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks *-*  
 Figure on discharge *medium*  
 Christian name of Father *Jacob*  
 Christian name of Mother *-*  
 Wife's maiden name in full *Dr. Grish Munnie*  
 Date and place of marriage *July 3<sup>rd</sup> 1918. Catalina*  
 Christian names of children *-*  
 Place and date of soldier's birth. *Newtown B.B. Mar 28<sup>th</sup> 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)

*Samuel Nefferton.*

(Rank)

*L/C.*

Station

*St. John*

Date

*12-9-18.*

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.

*W. B. Borden*

Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

*St. John*

Date

*Sept. 12-18.*



To be Noted

Part II. Orders .....  
Card Index *W.J. G.* .....  
Nominal Roll .....



# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date *Sept 12<sup>th</sup> 1918*

Regimental No. *11375*

Name *Hefferton Samuel*

Address *Newtown B.B.*

Disease or Disability *Defective Vision*

Finding of last Standing Medical Board,

held on ..... 19.....

Present Condition

Recommendation *Standing Medical Board*

Category

Members  
of  
Board

O. C. Depot

D. D. M. S.

*Geo Berden*  
M. O. Depot

A. C. Yait Esq D.D.

Dear Doctor

Pls Hefferton

has the following defect.

$$OD + 1.50 = + 2.75 / 115$$

$$OS + 4.50 = + 2.50 / 75$$

Vision without glasses is  $OD \frac{H}{121} = \frac{6}{40}$

$$OS \frac{H}{471} = \frac{6}{120}$$

With glasses  $OD \frac{6}{15}$

$$OS \frac{6}{80}$$

The symptoms he complains of  
are due to his requiring  
a stronger correction in lenses.

Yours truly

E. N. Murphy

Kept in  
Dr. [unclear]  
[unclear]



December 31st., 1918

#4375 Pte. Samuel J. Hefferton,  
#72 Gower St.,  
City.

Dear Sir:-

Referring to your letter of December 16th., to Lieut. Col. Rendell, I beg to state that I have not yet been authorized to pay sixty dollars (\$60.00) Clothing Allowance to men discharge previous to November 26th., 1918.

The matter is, I understand, under consideration at the present time, and if it should be allowed, I shall forward you cheque for the balance in due course.

Yours faithfully,

Captain,  
Paymaster & Office in Charge of Records.



THE ROYAL NEWFOUNDLAND REGIMENT

Samuel Jefferton, ALLOTMENTS, Regl. No. 4375

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins Sept 1st/18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full)              | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------------------|---------|----------------------|
| 6542                     | Wife  | Mrs Saml Jefferton (Minnie) | Trinity | 70                   |
|                          |   |                             |         |                      |
|                          |   |                             |         |                      |
|                          |   |                             |         |                      |
|                          |   |                             |         |                      |
|                          |   |                             |         |                      |
|                          |   |                             |         |                      |
|                          |   |                             |         |                      |
|                          |   |                             |         |                      |
| Total Allotment, \$      |   |                             |         | 70                   |

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) W. Summers  
 Officer Commanding  
 Company  
Royal Newfoundland Regt  
July 15th 1918

(Sig.) S. Jefferton  
 (Rank) Private

October 7, 1919.

Major Howley,  
O. I. C. Pay and Records.

S. J. Hefferton 4375.

|               |                     |
|---------------|---------------------|
| ACCOUNT       |                     |
| CH. NO. 14362 | INITIALS <i>Ear</i> |
| IND. LEDGER   | INITIALS            |
| PAY LEDGER    | INITIALS            |
| GEN. LEDGER   | INITIALS            |

*S. J.*

Kindly pay to the man named in the margin,  
The sum of Thirty five dollars,  
In payment of a Correspondence course in Story Writing.  
Charge the same to the Civil Re-establishment.

\$35.00

*S. J. Hefferton*

*W. McCall*  
Vocational Officer.

July 17 1920

Major Howley  
O. I. C. Records

4375

Please pay to S. J. Heffertan  
the sum of one hundred twenty dollars  
in payment of salary for the month of August  
and charge same to Civil Re-establishment Committee

\$120.00

J.B. ...  
C. ...

W. W. ...

Vocational Officer

|             |     |          |  |
|-------------|-----|----------|--|
| ACCOUNT     |     | INITIALS |  |
| CH. NO.     | 733 | INITIALS |  |
| INL. LEDGER |     | INITIALS |  |
| PAY LEDGER  |     | INITIALS |  |
| GEN. LEDGER |     | INITIALS |  |

S. J. Heffertan

July 16 1920

Major Howley  
O. I. C. Records

Please pay to Mr. S. J. Hefferton  
the sum of one hundred twenty dollars  
in payment of salary for month of July  
and charge same to Civil Re-establishment Committee

\$120.00

*W. W. McCall*

|             |     |          |                     |
|-------------|-----|----------|---------------------|
| ACCOUNT     | 685 | INITIALS | <i>W. W. McCall</i> |
| CHK. NO.    |     | INITIALS |                     |
| INV. LEDGER |     | INITIALS |                     |
| PAY LEDGER  |     | INITIALS |                     |
| GEN. LEDGER |     | INITIALS |                     |

*S. J. Hefferton*

Vocational Officer

1918-1919

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 57.<sup>50</sup>

Oct 31 1918

Received from the First Newfoundland Regiment  
the sum of Fifty Seven <sup>50</sup>/<sub>100</sub> Dollars.  
~~on account~~  
balance of Pay.

C. B. Hefferton

|             |      |          |    |
|-------------|------|----------|----|
| Ch. No.     | 3434 | Initials | EW |
| Pay Ledger  | 387  | Initials | wn |
| Gen. Ledger |      | Initials |    |

Regtl. No. Rank



No. 4357.

Rank

Lieut.

Name

Deffertson, S.

C.R. 4375

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Date..... *Dec 1st 1919.*

Place..... *70 Lower St. London*

Name..... *J. Lefferton*

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

Army Form B. 121.

Forms  
B. 121.  
39.

Regiment of

*The Royal Newfoundland*

Signature of O. C. Company

Number of Sheet

*One**James Keut*

| Regimental Number and Name |             | Enlistment                   |                                 | Trade          | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|-------------|------------------------------|---------------------------------|----------------|---|
| No.                        | <i>4275</i> | Age on                       | <i>22</i> years <i>—</i> months | <i>Seaman</i>  |   |
| Joined                     | Date        | Place and Date of Enlistment | <i>St. John's</i>               | Religion       |   |
| Joined                     | Date        | Period of                    | with Colours <i>15</i> years.   | Place of Birth |   |
| Joined                     | Date        |                              |                                 |                | with Reserve <i>36</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>Discharged Medically Unfit</i><br><i>St. John's, 30<sup>th</sup> 78</i> |                    |                    |   |                 |         |

To be carried over

Army Form B. 121.

Reg. No. 4375 Rank *Plt* Name *Hefferton S.*  
Attested *28.3.18.* Address *Marlborough B. Bury*  
Allotment *70¢* Allottee *Mrs Minnie Hefferton (wife)*  
Date of Allotment *1-8-18.* Returned from Overseas \_\_\_\_\_  
Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

*Report 10.7.18.*

*S.L. time for Reporting 20-8-18.*

*A.R. 17-7-18 to 26-7-18 R. Home 21-7-18*

*Rate 24<sup>3</sup>/<sub>4</sub>*

*In leave Corporal from 5-9-18.*

*8-9-18 Has Obs - Travelling - Res - Rec - Standing medical  
Bpt. (Defective Vision)*

*14-9-18. Rec - Dist Per - unfit*

**DISCHARGED - MEDICALLY UNFIT**

*30-9-18 Dos 173*

Sept. 16th, 1918

From Officer Commanding,  
Depot

To Paymaster and Officer i/c Records,  
Militia Department

4365 L/C. S. Hefferton  
4998 Pte. S. Sheppard  
5117 " J.T. Davis  
5467 " J. Saunders

The marginally noted recruits were recommended for discharge as permanently unfit by Medical Board held on Saturday, September 14th.

I am sending them herewith for your attention and necessary action, please. Their accounts on Company Pay Sheets have been squared up to and including 16-9-18. No allotments are current except L/C. Hefferton's, who has one of 70¢ per day.

CGD\*AG

Department of Militia.

~~2222222222~~ October 3rd, 1918.

Officer Commanding,  
Royal Newfoundland Regiment,  
Headquarters.

Sir :

The undermentioned men have been discharged on the dates given. Kindly note and post in Daily Orders Part II.

I have the honour to be,

Sir :

Your obedient servant

(SGD). J. M. HOWLEY.

PAYMASTER & O i/c CAPT. RECORDS.

|       |                       | Sept 30th, /18. | Med Unfit. |
|-------|-----------------------|-----------------|------------|
| 2283. | Pte. Underhay. W. J.  |                 |            |
| 1126. | " Starks. J. B.       | DO              | DO         |
| 859.  | " Spencer, Roy.       | do              | do         |
| 2971. | " Forsey, Claude.     | do              | do         |
| 274.  | SGT. Gaub. J. J.      | do              | do         |
| 74E.  | " Miffien E.          | do              | do         |
| 4375. | Pte. Hefferton. S. J. | do              | do         |
| 4998. | " Sheppard. S.        | do              | do         |
| 5117. | " Davis. J. T.        | do              | do         |
| 5467. | " Saunders. J.        | do              | do         |
| 3412. | " Penney. J. J.       | do              | do         |
| 3172. | L/C. Burke. John. F.  | do              | do         |
| 3297. | Pte. Young. Harry.    | do              | do         |



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Samuel J. Hefferton,  
aged 22 conducted at Head Quarters  
Date: March 28/15. Recruiting Officer:

| NO OF TEST | FINDING |
|------------|---------|
|------------|---------|

|    |                               |
|----|-------------------------------|
| 1  | no                            |
| 2  | no                            |
| 3  | no                            |
| 4  | no                            |
| 5  | no                            |
| 6  | no                            |
| 7  | yes                           |
| 8  | yes                           |
| 9  | no                            |
| 10 | n                             |
| 11 | n                             |
| 12 | n                             |
| 13 | n                             |
| 14 | n                             |
| 15 | n                             |
| 16 | n                             |
| 17 | n                             |
| 18 | n                             |
| 19 | 6/20 Both.                    |
| 20 | n                             |
| 21 | n                             |
| 22 | n                             |
| 23 | n                             |
| 24 | n                             |
| 25 | n                             |
| 26 | n                             |
| 27 | n                             |
| 28 | n                             |
| 29 | n                             |
| 30 | n                             |
| 31 | n                             |
| 32 | n                             |
| 33 | no                            |
| 34 | 5 ft. 9"                      |
| 35 | 145 lbs.                      |
| 36 | 32-36                         |
| 37 | n                             |
| 38 | father Jacob. New town B. Bay |
| 39 | notably.                      |

*Handwritten signature/initials*

*Handwritten initials*

Signature of Medical Examiner: .....

*Handwritten signature*