

4331



# H FIRST NEWFOUNDLAND REGIMENT /

## ATTESTATION OF

No. 4331

Name John Hemion Corps 8A

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

1. What is your name? ..... 1. John Hemion
2. What is your full Address? ..... 2. 13, St. Wood
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 15 Years 11 Months
5. What is your Trade or Calling? ..... 5. Scrubman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, John Hemion do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Hemion SIGNATURE OF RECRUIT.  
Frank Turner Signature of Witness.

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

I, John Hemion 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 25 day of January 1918

Signature of Attesting Officer W. H. L. -

### †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 Jan 25 1918 } Approving Officer.  
 Place St. John's }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....





C.R. 4331

Extract from Daily Orders Part II Royal Newfoundland Regiment  
17th  
Depot St. John's dated July ~~1918~~ 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED BY Officer i/c Records from noted date  
12-7-19.

4331, pte. John Hemion.



C.R. 4331

Extract from Daily Orders Part II Unit The Heavy Hfld. Regt.  
St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge "spot with effect from 28-6-19.

4331 Pte. J. Hemion.

4331

C.R. 4331

Extract from Daily Orders Part A1 Depot, Sq. John's,

Date June 18th 1919.

4331, Pte. J. Hemion.

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

C.R. 4331

Extract from London Mail 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 Town Camp 23/4/19.

#4331 Pte. J. Hemeon.

C.R. 4331

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

The following arrived to-day and is placed in the following  
Company.

C. COMPANY.

4331, Pte. J. Hemson.

C.R. 4331

Extract from Nominal Roll Draft #51, to B.E.F. Embarked

Folkestone, 31-8-18.

4331 Pte. Hemeon J.



C.R. 4331

Extract from Medical Roll Embarked St. John's Sea Overseas,  
Apr. 30, 1920.

4331 Pte. Hemeon. J.



C.R. 4331

Extract of Daily Orders part 11, from Unit 4/1st  
Royal Newfoundland Regiment, Headquarters, dated  
January 25, 1918.

#4331 Pte. J. Hemion.

Attested for General Service with the 1st Newfoundland  
Regiment with effect from 25/1/18.

J. Hemron

C.R. 4331

~~1190~~

13. What is his present condition?

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

*See complaints of no disability*

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

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

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

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

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

*na*

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

*na*

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

*na*

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

*na*

*Reproduction*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

W.E. Procuier. Capt Ramo  
Officer in medical charge of case.

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

Station Doyley Barr  
Date 2/5/19

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

\*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.  
† Delete this word if no exceptions are to be made.

## Medical Report on an Invalid.

Station Hazelton  
 Date 2/5/19

1. Unit Royal Newfoundland  
 2. Regimental No. 4331  
 3. Rank Pte  
 4. Name Abemion John  
 5. Age last birthday 19  
 6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$  1/7  
St Johns

7. Former Trade or Occupation Lumberman  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**  
*(Other disabilities should be reported upon in answer to question No. 19).*

Statement of Case.

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

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

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

na

FORM K

No. 3885 <sup>A</sup>



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Hemeon, Regl. No. 4331

hereby agree, until further notification by me, and in similar official form to make an Allotment of            Dollars and Sixty 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 March 16th 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3764	Mother	Mrs <u>Wm</u> (Phoebe) <u>Hemeon</u>	<u>Betwood</u> <u>N. D. E.</u>	<u>609</u>
Total Allotment, £				

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

Sig.) [Signature]  
Officer Commanding  
Company

John Hemeon  
March 12th 1918

(Sig.) John Hemeon  
Private  
(Rank) Private

Witness:  
James Arkie L/C



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

Sir:-

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

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4331	Pte	Hemion, J.	\$2.50	

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

Date

June 26<sup>th</sup> 18

J Hemion



Hemen, J

4331

May 20th.

July 14, 1919

#4331 Pte. John Hemion,  
D

Be twood.

Dear Sir:-

Please find enclosed Discharge Certificate No.3017.

Yours truly,

Captain,  
Paymaster & O.i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4331 Rank Pvt Name Hemion J  
 Intended place of residence Bolwood

2. Occupation Lumberman  
 Classification of soldier E Medical Category A

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 27 1919

[Signature]  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date 27-6-19

[Signature]  
 Signature of soldier

[Signature]  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 27-6-19

[Signature]  
 Signature of soldier

[Signature]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 25-1-18 No. of days on Military  
 Discharged from service 28-6-19 Plus 14 days Service 534

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUN 28 1919

[Signature]  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 12/1919

[Signature]  
 Officer in Charge  
 The Royal Newfoundland Regiment

28/7/19/3017

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4531 Rank Plt Name Herman J. Li  
 Date of Enlistment 25-1-18 Address St. John's District St. John's  
 Occupation Shipbuilder Classification for Discharge H Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 208	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
B 179c	B 120	M 93		

Date 27-6-19

*H. M. Li*  
 P. O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*John Li*  
*Herman Li*

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 \_\_\_\_\_

*Chas. L. ...*

Date 27-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>R1990</sup> to his home at 2 and Release Certificate No. 5062 issued.

Date

27-6-19

*J. H. Snowball*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 12-7-19

Date

27-6-19

*J. H. Snowball*  
Depot Paymaster.

Discharged approved for

28-6-19

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		

*2 Form B*

Date

27-6-19

*J. H. Snowball*  
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 28 1919

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

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

Date



COPY

# The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 27-6-19

Regimental No 4331

Name Hemion, John Rank Pte

Address Botwood

Present Medical Category A1

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

*R. H. Jackson Capt.*

Members of Board

(sgnd) L. Paterson

O.C. Discharge Depot.

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 534 days



# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

To *Evacuation Board.*

Please receive documents as indicated below

No.	RANK AND NAME	Report of Newfoundland Medical Boards																								
		N. F. F. 686	Non-effective account.	Medical history sheet.	Mid. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	1st. Board	2nd Board	3rd Board	4th Board	Board	Attestation paper	Identity certificate	Allotment papers	A. F. W. 5065	Headquarters Travelling Board	Proceedings on discharge		
4331	<i>16. Hemion J.</i>	B. 178																								

Received above noted documents,

Dated \_\_\_\_\_ 19\_\_\_\_

Signature of Officer forwarding documents:

**JUL 4 1919**  
Date \_\_\_\_\_ 19\_\_\_\_



# The Royal Newfoundland Regiment

Class for Demobilization: —

*2.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*27.6.19*

Regimental No. *4321*

Name

*Hemion John*

Rank

*Pl*

Address

*Botwood*

Present Medical Category

*A1*

Recommended for: —

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R.H. Lant Major*  
O.C. Discharge Depot.

*L.P. Brown*  
Senior Medical Officer

*Dev Burden*  
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.

*Harrison J. +*  
Signature of Man.

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

Reg. No. 4331

Place **ST. JOHN'S.**

Date 191



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

# MEDICAL HISTORY

Surname Hemson OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Bathwood County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .....	on 25 day of Jan. 1918	at	on	day of 191
Declared Age .....	18 $\frac{1}{2}$ years	days	years	days
Trade or Occupation .....	Carpenter			
Height .....	5 feet 5	inches	feet	inches
Weight .....	138	lbs.		lbs.
Chest Measurement {	Girth when fully expanded....	36	inches	inches
	Range of Expansion..	3 $\frac{1}{2}$	inches	inches
Physical Development .....				
Vaccination Marks {	Arm .....			
	Number .....			
When Vaccinated .....				
Vision .....	R.E.—V=		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>L. J. P. [Signature]</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted .....	at <u>St. John's</u>	at		
	on 25. day of Jan 1918	on	day of 191	
Joined on Enlistment .....	Corps. <u>1st W. R. Rgt</u>	Regtl. No. <u>4331</u>	Corps.	Regtl. No.
Transferred to .....				
Became non-effective by .....	on	day of 191	on	day of 191
[Signature]				
[Rank]				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
26. 1. 18.	Vac. <i>SP</i>
2. 2. 18.	T.A.B. <i>SP</i>
12. 3. 18.	See <i>SP</i>
19. 3. 18.	<i>SP</i> <i>SP</i>

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for Discharge on Demobilisation. Medical category SP*  
*27.6.19*  
Date of T.M.B.

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *John Henson*  
Regiment from which discharged **Royal Newfoundland**  
Regimental number *4331*  
Intended address *Botwood*  
Height on discharge *5* Feet *5*  
Color of hair on discharge *Dark Brown*  
Complexion *Fair*  
Color of eyes *Blue*  
Descriptive Marks *—*  
Figure on discharge *medium*  
Christian name of Father *William*  
Christian name of Mother *Phoebe*  
Wife's maiden name in full *—*  
Date and place of marriage *—*  
Christian names of children *—*  
Place and date of soldier's birth *Botwood, Dec 15<sup>th</sup>, 1900*  
Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*John his  
x Henson  
mark*

*Pte.*  
(Rank)

Station

*St John's*

Date

*26-6-19*

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.

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

Station

Date



## Medical Report on an Invalid.

Station Hazelton  
 Date 2/5/19

1. Unit Royal Newfoundland  
 2. Regimental No. 4331  
 3. Rank Pfc  
 4. Name Heemon John  
 5. Age last birthday 19  
 6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$  1/17  
St Johns

7. Former Trade } Lumberman  
 or Occupation }

7A. If with previous service in Army, state—  
 (a) Former Unit ;  
 (b) Regimental No. ;  
 (c) Date of Discharge ;  
 (d) Cause of Discharge.

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

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

#### Statement of Case.

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

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

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

na.

13. What is his present condition?

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

*No complaints of no disability.*

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

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

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

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

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

*na.*

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

*na.*

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

*na.*

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

*na.*

20. Do you recommend—

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

*Repatriation*

*W.S. Procuier*

*Capt Rame*

Officer in medical charge of case.

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

Station *Mazeley Down*

Officer in charge of Hospital.

Date *11/5/19*

\*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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



July 16, 1919

#4331 Pte. John H meon,

Botwood. N. D. D.

Dear Sir:-

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

Yours truly

Captain & Paymaster,

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name, *John* ..... 2. Surname, *Hemmerson* .....
3. Rank, *Private* ..... 4. Regtl. No. *A 3 21* .....
5. Address in full to which future payments of gratuity are to be forwarded, *John Hemmerson - Bolwood - Notre Dame Bay* .....
6. Date of enlistment in the Regiment, *November 1917* .....
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, *Mother* .....
9. Address in full of such dependents, *Phoebe Hemmerson  
Bolwood - N. D. B.* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier, *Yes* .....
11. Were you on active service only in Rfd. If so, give dates and particulars of such service, *England, January 18 - Greener -  
July 18 - Belgium - Greener, January 19* .....
12. Give total length of time which you served on active service, whether in Rfd. or Overseas, *From November 17 to  
27 & June 1919* ..... 13



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

..... *no* .....  
..... *no* .....

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

..... *no* .....

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

..... *no* .....

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

..... *no* .....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

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

19. Are you now serving in the Res?..... If not give? - (a) Date of discharge..... *27th June 19*..... (b) Reason for discharge..... *Went obligatory* .....

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....

..... *"Ypres" Belgium - several engagements in France* .....  
..... *Don't remember particulars better* .....

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.

lv

Signature of Applicant: *John X Henneman*

Place of Residence: *Belwood - N D B*

Declared before me at: *St John's*

This *21<sup>st</sup>* day of *June* 19*19*....

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

*W. M. James Jr*

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

FORM K

No 3885



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Heameon, Regl. No. 4331

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

Allotment begins March 16th 1918

Table with columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Entry for Mrs Heameon (Phoebe) at Botwood N D B with amount 609.

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

Sig.) [Signature] Officer Commanding Company

(Sig.) John Heameon (Rank) Pte

A John's March 12th 1918

Witness James Arkie L/C

Jan. 29th. 18.

The Adjutant,  
Headquarters.

Sir:

Enclosed find Attestation of No. 4331, Hemick, as  
requested.

I have the honour to be,

Sir,

Your obedient servant,



No 3885



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, John Humeon, Regl. No. 4331

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty 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 March 16th 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3764	Mother	<u>Mrs Humeon</u>	<u>Bethwood</u>	<u>60</u>
		<u>Humeon</u>	<u>St. J's</u>	
Total Allotment, \$				

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

Sig.) [Signature]  
 Officer Commanding  
 Company  
[Signature]  
March 17th 1918

(S.) John Humeon  
 (Rank) Pvt  
James L. B. Lyle



ST. JOHN'S, June 29/19

# Royal Newfoundland Regiment.

Billeting Account.

To Pte J. Idemeon

Billeting Soldiers as undermentioned

from June 1 / 19 to June 28 / 19

		N	
4331	Pte J Idemeon	28	80
	Born		
	25054 - (tw)		

Certified correct for \$ 28.80

M. McIlwain

Billeting Officer.

J. Idemeon (per) (GSD)



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

---

Fold Here

Sept 6th. 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Pte. J. Hemion

in respect of his service as No. 4381 Rank Pte.

Name J. Hemion Royal Nfld. Regt.  
~~and Forestry Corp.~~

Receipt of the same should be acknowledged hereon.

Received Victory & British War Medals

Signature Pte J. Hemion

Date Sept 16<sup>th</sup> 1921

Address Bolwood

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
32.

Number of ~~Sigsbee~~ <sup>Coal</sup> \_\_\_\_\_

Regiment of Newfoundland

Signature of O. C. Company W. H. C. / 10

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Name	Age on _____ years _____ months	Place and Date of Enlistment	Religion	
4331	John Hewison	18 years 11 months	St. John's 20.1.18	Seaman	
Joined _____	Date _____	Period of } with Colours _____ years. with Reserve _____ years.	Place of Birth	S.A.	
Joined _____	Date _____				
Joined _____	Date _____				

Place	Date of Offence	Rank	Class of Offence	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St. John's 12.7.19					

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

4331

Reg. No. 1531 Rank Private Name Herman John  
 Date of Enlistment 23-1-18 Address St. John's District Yates  
 Occupation Joiner Classification for Discharge By Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 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
B 179c	B 120	M. 03		

Date 27-6-19

R. O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment

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

*John + Herman*  
*John + Herman*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £ 6.00

(b) Clothing Supplied \_\_\_\_\_

Date 27-6-19

O/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R1990* to his home at *B. Townsend* and Release Certificate No. *3062* issued.

Date *27-6-19*

*J. H. Snowball*  
Demobilisation 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 *12-7-19*

Date *27-1-19*

*J. H. Snowball*  
Depot Paymaster.

Discharge approved for *28-6-19*  
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 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 *27-6-19*

*J. H. Snowball*  
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 28 1919*

O. C. Discharge Depot.

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

Date *July 10 1919*

*J. H. Snowball*  
for records