



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5742 Name Jeremiah Herriot Corp late

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

1. What is your name? ..... 1. Jeremiah Herriot
2. What is your full Address? ..... 2. St. John's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 10 Months
5. What is your Trade or Calling? ..... 5. Sherrman
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, Jeremiah Herriot 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.

Jeremiah Herriot SIGNATURE OF RECRUIT.

Wm. P. Ryan Signature of Witness.

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

I, Jeremiah Herriot 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 10th day of July 1918.

W. P. Ryan Signature of Attesting Officer W. P. Ryan

### †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 10th.

If enlisted by special authority, such will be attached to the original attestation.

Date July 11 1918 Place St. John's

W. P. Ryan } 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

5742

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

Name Jermison Herriot  
 Apparent age 21 years          months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks         

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Maxwell Herriot  
1000 Delaware Avenue Detroit | Relationship 3 years

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>10-7-18</u>									
Joined at <u>St. Denis</u> on <u>July 10-1918</u>									
<u>Discharged August 7 1919</u>									
<u>Embarked S.S. to St. Denis train to Halifax N.S. 22-9-18</u>									
<u>to be responsible for demobilization 24-6-1919</u>									
<u>Arrived Hqs 1-7-1919</u>									
<u>Demobilization St. Denis 7-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-8-1919 [date of discharge] 1 years 29 days  
 " " Pensions " " " " " " " "

Reg. No. 5742 Rank *Pvt.* Name *Herrett, Jeremiah J.*  
Attested *10-7-18* Address *Burnt Isls*  
Allotment *Fifty cents* Allottee *Matthew Herrett (Father)*  
Date of Allotment *1-9-18* Returned from Overseas.....  
Embarked for Overseas **SEP 22 1918** Cause.....

*18-7-18 Vacc. 1st 29-7-18. 2nd 9-9-18, 3rd 17-9-18.*

*S.L. 29-7-18 to 8-8-18*

*9-8-18 Telegram received from Pte Herrett was sick  
with measles. Retd 25-8-18*

C.R. 5742

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 18th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from noted date

7-8-19

5742, Pte. J. Herritt.

C.R. 5742

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

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

5742 Pte. J. Herritt.

C.R. 5742

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

5742 Pte. J. Harrett.

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

C.R. 5742

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

5742 Pte. Herritt Jeremiah.

C.R. 5742

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, dated August 26th, 1918.

5742 Pte. J. Herrett.

Returned from leave and reported at Headquarters for  
duty 23-8-18.

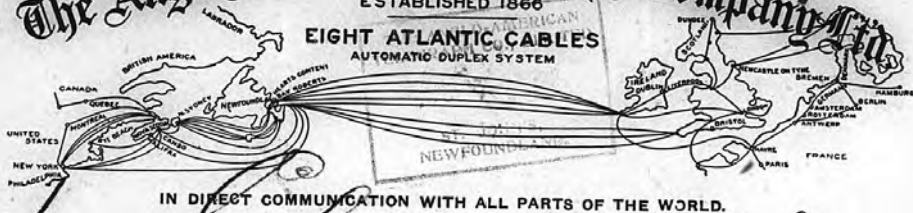


# The Anglo-American Telegraph Company

R. 5742

ESTABLISHED 1866

EIGHT ATLANTIC CABLES  
AUTOMATIC DUPLEX SYSTEM



IN DIRECT COMMUNICATION WITH ALL PARTS OF THE WORLD.

No.  
Wds.

Channel 2166  
Militia Dept.

TO

The Jeremiah Bennett of  
Bunt Isds home on leave  
has contracted measles  
and asks for Dr Shall  
I send him one  
Stip Magistrate

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

C.R. 5742

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

#5742 Pte. Jeremiah Herrett.

Attested for General Service with the Royal Newfoundland  
Regiment, 10.8.18

J. Herritt.

C.R. 5742

1190



No. 4393/646

N.F.P./79.

From: NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Royal Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

19th March 1919

March 20<sup>th</sup> 1919

5742 Pte Herritt J.

Receipt hereunder.

With reference to the following  
telegram from the Minister of  
Militia / / ( 82 )

*John* LIEUT. COLONEL,  
Officer Commandg. 2 Batt'n REGT.

"Pay to- 5742 Herritt,  
£5:0:0

Received the sum of Five  
Pounds in respect of

Cheque £5. 0. 0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

telegraphic remittance from the  
Minister of Militia.

*A. A. Munnell Maj.*  
Chief Paymaster & O. i/c Records.

*J. X. Herritt*  
*Private*  
No. 5742 Rank Private

Witness *D. W. Parsons. L/c*

Copy

N.F.P./11.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 5742 (Rank) Pte (Name) Jeremiah Herrett.

hereby agree, until further notification by me, and in required form, to make an Allotment of \_\_\_\_\_ dollars and Fifty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) \$ c
"Father"	Matthew Herrett	Burnt Islands near Rose Blanche	50
			50

This Allotment to take effect from and including August 1<sup>st</sup> 1918

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L. 10, 9/12/18.

(Sig.) (Sgd) W G James 2/14  
Officer Commanding,  
"F" Company.

Dated at

St Johns  
July 12<sup>th</sup> 1918

(Sig.) (Sgd) Jeremiah Herrett  
Allotter. (Pte)



Herritt, J

5742

Ray sept.

August 7th 1919.

#5742, Pte. J. Herriott,  
Burnt Islds. Buegeo Dist.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3549.

Yours truly,

Capt.™

Officer i/c Records.

S/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5742 Rank Pfc Name Henitt J  
Intended place of residence Burnt Isd.

2. Occupation Fisherman  
Classification of soldier E Medical Category A L

3. The above named man is discharged in consequence of

### DEMobilIZATION

Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 10 1919

[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 JUL 10 1919

[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 JUL 10 1919

[Signature]  
Signature of soldier

[Signature]  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-7-18 No. of days on Military  
Discharged from service 24-7-19 Plus 14 days Service 394

### 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, 28 days from date.

Place, ST. JOHN'S

Date JUL 24 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 August 7/1919

[Signature]  
Officer i/c Records  
The Royal Newfoundland Regiment

Dis B 2049 12549

# The Royal Newfoundland Regiment

Class for Demobilization: *7/6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5743*

Name *Heritt Jeremiah*

Address *Burnt Islands*

Present Medical Category *A1*

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

Members of Board

*R. J. Law Major*  
O.C. Discharge Depot.

*J. Peterson*  
Senior Medical Officer

*Geo. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 242 Rank Plt Name Herrett J. Burnett  
 Date of Enlistment 10-7-18 Address Burnt Mills District St. John's  
 Occupation Fisherman Classification for Discharge E Medical Category 141  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 8-7-19O. C. Discharge Depot. H.M. [unclear]

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Herrett J. Burnett

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00(b) ~~Clothing Supplied~~ .....Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9877, 9898 to his home at Burnt 92ld and Release Certificate No. 3373 issued.

Date 10-7-19

*J.A. Snowcroft*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-8-19

Date 10-7-19

*J.A. Snowcroft*  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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		

*2 Form B*

Date 10-7-19

*J.A. Snowcroft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 24 1919

*A.R. Cooke Capt.*  
O. C. Discharge Depot.

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

Date .....

P1-5-01

## 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.

*Herbert J.*  
Signature of Man.

Reg. No. 5742

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

Place

*St. Johns*

Date

*10-7-19*

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

# MEDICAL HISTORY

OF

Surname

*Herritt*

Christian Name

*Jermain*

Table I.—GENERAL TABLE

Birthplace :—Parish

*St. John's Parish, St. John's County, Newfoundland.*

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined

on *10th* day of *July* 191*8*  
at *St. John's*

on day of 191

Declared Age

*21* years days

years days

Trade or Occupation

*Fisherman.*

Height

*5* feet *7 1/2* inches

feet inches

Weight

*128* lbs.

lbs.

Chest Measurement

Girth when fully expanded  
Range of Expansion

*36* inches  
*3* inches

inches inches

Physical Development

Vaccination Marks

Arm Number

Right

Left

Right

Left

When Vaccinated

Vision

R.E.—V=  
L.E.—V=

R.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)

*Laurence Peterson*

(Rank)

*Major*

Medical Officer

Medical Officer

Enlisted

at *St. John's*  
on *10th* day of *July* 191*8*

at day of 191

Joined on Enlistment

Corps Regtl. No.

Corps Regtl. No.

*Horse Ho. Regiment* *5742*

Transferred to

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

*Jeremiah Harrett*

Regiment from which discharged **Royal Newfoundland**

Regimental number

*5742*

Intended address

*Burnt Hills*

Height on discharge

*5* feet *8*

Color of hair on discharge

*Black*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Medium*  
*Mattheu*

Christian name of Father

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*Burnt Hills, 24 May 1897*

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)

*Jeremiah Harrett* (Rank)

Station

**ST. JOHN'S.**

*Effley - 7-19* (Date)

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



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 Newhambleton* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5742* 3. Rank. *pl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Herritt Jeremiah* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) *32* (Christian Names)
5. Age last birthday. *32*
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (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.
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? }

*He complains of no Disability*

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.)*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*Repatriation*

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

*W. B. Percumier, Capt. R.A.M.C.*

Medical Officer in charge of case.

Station *Lazelle Down* .. .. .

Date *9/4/19* .. .. .

\* 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

August 15, 1919

Mr. J. Herrett,  
Burnt Islands,  
WEST COAST.

Dear sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *J* ..... 2. Surname..... *Harrett* .....

3. Rank..... *Pte* ..... 4. Regtl. No..... *5742* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Burn's Islands, West Coast,* .....

6. Date of enlistment in the Regiment..... *July 6/18* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*no*

8. Relationship of such dependents..... *—* .....

9. Address in full of such dependents..... *—* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *—*

11. Were you on active service only in Hfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *12 months* .....

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?.....

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

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?.....

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

19. Are you now serving in the Res?..... If not give:- (a) Date of discharge. *July 24/19*..... (b) Reason for discharge.....

..... *demobilization* .....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.....

..... *England* .....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.



Signature of Applicant:-

*his*  
*J. X. Harrett*

Place of Residence:

*Barns Islands, West Coast*

Declared before me at:

*St John's*

This

*10* day of

*July*

*19.19....*

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

*John M. Carthy*  
*J.P.*

POST DISCHARGE PAY.

Date paid

Paid  
Soldier.

Paid  
Dependant.

War Service  
Gratuity.

Net amount  
due

.....  
.....  
.....

Certified correct.

PAID BY



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jeremiah Herrett, Regl. No. 5742

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty 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 August 1<sup>st</sup> / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4747	Father	Matthew Herrett	Burnt Islands near Rose Blanche	50
Total Allotment, \$				50 <sup>c</sup>

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.) J. G. James 2/Lieut  
 Officer Commanding  
F Company  
 St. John's  
 July 12<sup>th</sup> 1918.

(Sig.) Jeremiah X Herrett  
 (Rank) Pte  
 dit. = D. J. James 2/Lt



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

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Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
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Total Allotment, \$				<u>50<sup>c</sup></u>

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.) J.G. James  
 Officer Commanding  
T Company  
St. Johns  
Jul, 13<sup>th</sup> 1918.

(Sig.) Jeremiah X Herrett  
 (Rank) Pte  
Det - Det. Garrison / Lt



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of *Royal Newfoundland Regiment*

Number of Sheet *One*  
Signature of O. C. Company *C. B. Dicks*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
	<i>5742</i>		<i>21</i>		
Joined Date		Place and Date of Enlistment		Religion	
	<i>10/1/18</i>	<i>St John's</i>		<i>Catholic</i>	
Joined Date		Period of		Place of Birth	
		with Colours } <i>129</i> years.		<i>St John's</i>	
		with Reserve } <i>365</i> years.		<i>St John's</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's 7/8/19</i>					

To be carried over.

Army Form B. 121.

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

OCT 15 1921 1921.

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

is/are forwarded herewith to

Jeremiah Herritt

in respect of his service as No. 5742 Rank Pte.

Name J. Herritt Royal Nfld. Regt.  
Infantry Corps.

Receipt of the same should be acknowledged hereon.

Received War Medal

Signature Jeremiah Herritt

Date Feb 19<sup>th</sup> 1922

Address Jeremiah Herritt, Bunt Islands  
West coast  
N.F.D.

[P.T.O.]

C.R. 5742

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.

No. 5742

Name *W. J. Hersitt*

Date *Nov. 2. 3.*

Place *Burnt. Islands*  
*Burgeo*

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 Artillery* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5742* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dennis* } (a) Former Regts. or Corps ; }  
(Surname) } with Regtl. Nos. }  
*Dennis* } (Christian Names) }
5. Age last birthday. *22*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

*All complaints 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.

*Repatriation*

*W. E. Procuier* *Captn*  
*Name*

Medical Officer in charge of case.

Station *Hazley town*

Date *9. 1. 1919*

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



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5742 Rank Pvt. Name Herrett, J.  
 Date of Enlistment 11-17-18 Address Burnt Mills District Burnt Mills  
 Occupation Fisherman Classification for Discharge H Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 8-17-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*Is*  
*Herrett*  
*fisherman*  
*mark*

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied \_\_\_\_\_

Date 10-7-19 O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9877-9898 to his home at Burnt 98ed and Release Certificate No. 3373 issued.

Date 10-7-19

*J.A. Snowcraft*  
Demobilization Officer

Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-8-19

Date 11-7-19

*J.A. Snowcraft*  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 10-7-19

*J.A. Snowcraft*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 24 1919

Date .....

*L.N. Coole Capt.*  
O. C. Discharge Depot.

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

Date July 31/19

*[Signature]*



Reg. No. *1742* Rank *Al.* Name *Herbert J.*  
Attested ..... Address *Barut Island.*  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassauwa* Cause *Discharge*

*1079*  
*2279*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION**