



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1998 Name William Herritt Corps Capt

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <u>William Herritt</u> |
| 2. What is your full Address? | 2. <u>Rose Blanche</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, William Herritt 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.

William Herritt SIGNATURE OF RECRUIT.

J. W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Herritt 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 on this 11 day of May 1918.

Signature of Attesting Officer C. P. Hicks Lieut.

† 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).....

DESCRIPTIVE REPORT ON ENLISTMENT 4988

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

Name William Herritt
 Apparent age 19 years 0 months Height 5 feet 4 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Herritt Kneblanche
 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 <u>11/5-18</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>May 11-1918</u> | | | | | | | | | |
| <u>Discharged</u> <u>July 3/19</u> | | | | | | | | | |
| <u>Embarked St. John's N.S. Columbus Co Halifax N.S.</u> | | | | | <u>22-7-1918</u> | | | | |
| <u>Embarked for B.C. 23-11-18. Re-embarked Annapolis</u> | | | | | <u>28-11-1918</u> | | | | |
| <u>Joined B.C. 5/19. Transferred for Reserve 22/79. Arrived Vancouver 23/79</u> | | | | | | | | | |
| <u>To be expunged for demobilization 22-5-19. Arrived G.C. 1-6-1919</u> | | | | | | | | | |
| <u>Demobilization St. John's 3-7-1919</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>3-7-1919</u> (date of discharge) <u>1</u> years <u>54</u> days | | | | | | | | | |
| Pensions " " " " " " " " " " " " | | | | | | | | | |

Reg. No. 4988 Rank Pte Name Herbert Williams
Attested 1-5-18 Address Road Blanche
Allotment 60 Allottee Mrs Mary Herbert (Mother)
Date of Allotment 1-7-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

15/18/acc, 1st Inoc. 4/18, 2nd Inoc. 24/18, 3rd Inoc. 20/18
A.L. 31/18 - 10/18, A.L. 10/18

C.R. 4988

Rosé Blanche,
October 30th 1919.

Dear Sir:-

Could you forward me my Great War Riband.
Served in the Army.

Ex. Private

Wilson Billard

Regt. 4294.

Dear Sir:-

Could you forward my my Great War Riband.
Served in the Army.

Ex. Private,

William Herritt,

Regtl. 4988.

C.R. 4988

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c records from noted date.
3-7-19.

4988, rte. W. Harnett.

C.R. 4988

Extract from Daily Orders Part II Unit ² of Royal Nfld.
Regt. Depot, St. John's, June 9th, 1919

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

4988 Pte. Wm. Herritt.

C.R. 4988

Extract from Daily Orders Part A1 Depot, Sp. Johns,

Date June 7th, 1919.

4988 Pte. Wm. Herritt

Reported at Headquarters 1-6-19.
which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 4988

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

4988 Pte. W, Herritt.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 13, 1918.

#4988 Pte. W. Herrett.

Attested for General Service with the Royal Nfld. Regt.
from 10.5.18 to report 24.5.18

C.R. 4988

Extract from Daily Orders part 11, from Unit The Royal
Field. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#4988 Pte. William Herrot.

W Herritt.

C.R. 4988

P. 80

Medical Report on an Invalid.

Station Hazelton
Date 1-5-19

- | | | |
|---|---------------------------|--|
| 1. Unit | <u>Royal Newfoundland</u> | 7. Former Trade } <u>Fisherman.</u> or Occupation } |
| 2. Regimental No. | <u>4988</u> | |
| 3. Rank | <u>Pte</u> | 7A. If with previous service in Army, state— |
| 4. Name | <u>Sherrette W.</u> | (a) Former Unit ; |
| 5. Age last birthday | <u>21</u> | (b) Regimental No. ; |
| 6. Enlisted { on <u>May 11 1918</u> at <u>St Johns</u> | | (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).

ni

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. | <i>ni</i> |
| 10. Place of origin of disability. | <i>ni</i> |
| 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. | <i>ni</i> |

- | | |
|---|-----------|
| 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— | <i>ni</i> |
| (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. | |

13. What is his present condition?

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

He complains of no disability

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

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

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

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

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

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

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

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

20. Do you recommend—

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

Repatriation

W. R. S.
Major D. D. D.

Officer in medical charge of case.

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

Station *Hazley Down.*

Date *1.5.19.*

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.

Nº 4711



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Heritt, Regl. No. 4958
 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 1-7-18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) | |
|--------------------------|---|----------------------------|---------------------|----------------------|----|
| 4413 | Wife | Mrs James Heritt (Mary) | Ross Blomade | | 60 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total Allotment, \$ | | 60 |

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.) William Heritt
 Officer Commanding
B' Company
St John's, Nfld
12-6-1918

(Sig.) William Heritt
 (Rank) Pte

FORM K

Nº 4710



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Herritt, Regl. No. 4955

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 1-7-18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------------------|--------------|----------------------|
| 4413 | Mother | Mrs James Herritt (Mary) | Rose Blanche | 60 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | 60 |

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
B' Company

St Johns Field
12-6-1918

(S) William Herritt

(Rank) Pte.

CHIEF PAYMASTER & OFFICER IN CHARGE OF RECORDS
NEWFOUNDLAND CONTINGENT
53, VICTORIA STREET,
LONDON, S.W. 1
ENGLAND.

CR

PIE W Herritt 4988

The above man wishes
enclosed wire despatched,
please.

back to wire out
12-4-19.

| | | |
|--|-------------|----|
| NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE. | | |
| Ref. Nos. IN | 2840 | |
| Rec'd | 13 APR 1919 | |
| Acc'd | Ans'd | |
| Ref. Nos. OUT | | |
| ACTED UPON | | |
| BRANCH | DATE | BY |
| Comd. | | |
| P & A. | | |
| R & C. | | |
| B & E. | | |
| P.S. | | |

[Signature]
LIEUT. COL.
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

CHIEF PAYMASTER & OFFICE RECORDS.
NEWFOUNDLAND CONTINGENT,
53, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

To

James. Herritt 228

Rose Blanch.

Cable 40 Dollars.

From

4922 Pte W. Herritt

1st Batts

R Newfoundland Regt

18-4-19

No. 17509/1898



N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

Officer Commanding,
2nd Bn Royal Newfoundland Regt.
Winchester.

30th October 1918

Subject: 4988, Pte. W. Herritt,

With reference to the following telegram (9397) from the Hon. Minister of Militia, received

Pay to 4988 Herritt £5:0:0

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

A. A. Minshall Maj.
Chief Paymaster & O. i/c Records.

Nov. 2nd 1918

Receipt hereunder.

Chum J. **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Five
Pounds on account of
cable remittance from Newfoundland.

W. Herritt
No. 4988 Rank Private
Witness: J. Murphy Pte

No 5956/304

N.F.P./80.

NEWFOUNDLAND CONTINGENT

From:

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

To: Officer Commanding,
1st Batt. Ryl. Nfld. Regiment
B.E.F.

16th April 199

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4988 Pte. W. Herritt

With reference to the following telegram from the Minister of Militia, / / (139)

"Pay to-4988 Herritt
£8. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. O. ...
Chief Paymaster & O.i/c Records

*Deposited
9/5*

Herritt W.

4988

Hay & Sept.

July 3, 1919

#4988 Pte. William Herritt,

Rose Blanche.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2553.

Yours truly

Captain
Quaymaster & Officer i/c records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. *4988* Rank

Name *Terrett W*

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4988 Rank Private Name Herritt Wm
 Intended place of residence Rosblanche

2. Occupation Fisherman
 Classification of soldier E Medical Category A1

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 5 1919
H. M. S. Leat
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S.
JUN 5 1919
W. Herritt
 Signature of soldier
A. M. Clouston
 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 and date ST. JOHN'S.
5-6-19
W. Herritt
 Signature of soldier
W. J. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-5-18 No of days on Military
 Discharged from service 19-6-19 Plus 14 days Service 419

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 19 1919
R. H. S. Leat Capt
 Officer in Charge Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld
 Date July 5 1919
R. H. S. Leat Capt
 Officer in Charge
 The Royal Newfoundland Regiment

Q F B 2029/2553

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 49.F.S......

Name .. N. Smith .. 17 m.

Address .. Ros. 13. London

Present Medical Category..... A1

Recommended for:— { (a) Immediate discharge

(b) Standing Medical Board

Members of Board {

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

L. Paterson
Senior Medical Officer

W. Berden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4988 Rank Pl Name Arthur William
 Date of Enlistment 11-5-18 Address Rose Blanche District Burgess
 Occupation Tradesman Classification for Discharge F-1 Medical Category A-1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | |
|------------|---------|---------|------------|---------|
| N.F. Pj36. | 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 4-5-19 O. C. Discharge Depot West

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

A. Herrett

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 Amelboust

Date 5-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.14239.555 to his home at Roseblanche and Release Certificate No. 2287 issued.

Date 5-6-19

J.A. Shaw Capt.
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 3-7-19

Date 5-6-19

H. H. Smith
Depot Paymaster.

Discharge approved for 19-6-19

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 | 2 Form B |
| 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 5-6-19

J.A. Shaw Capt.
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 JUN. 19. 1919

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

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

Signature of Man.

Reg. No.

W. Harrett

Signature of the Vocational Officer or his Representative.

Place

21 - Johns.

Date

5-6-19

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

MEDICAL HISTORY

Surname Herritt OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Rose Blanche County Nfld

SPECIAL RESERVE

REGULAR ARMY

| | | | | | |
|---------------------|---|--------------------|------|--------|------|
| Examined | on <u>11</u> day of <u>May</u> 191 <u>8</u> | at <u>S. Johns</u> | on | day of | 191 |
| Declared Age | <u>19</u> years | | days | years | days |
| Trade or Occupation | <u>Fisherman</u> | | | | |
| Height | <u>5</u> feet <u>4</u> inches | | feet | inches | |
| Weight | <u>115</u> lbs. | | | lbs | |
| Chest Measurement | Girth when fully expanded | <u>33</u> inches | | inches | |
| | Range of Expansion | <u>4</u> inches | | inches | |

| | | | | |
|-------------------|--------------|------|-------|------|
| Vaccination Marks | Right | Left | Right | Left |
| | <u>Scars</u> | | | |

| | | |
|-----------------|--------------------|---------|
| When Vaccinated | <u>4 yrs ago</u> | |
| Vision | R.E.—V= <u>6/6</u> | R.E.—V= |
| | L.E.—V= <u>6/6</u> | L.E.—V= |

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Samuel Peterson (Rank) _____
 _____^{Major} Medical Officer. _____^{Medical Officer.}

Enlisted at Johns on 11 day of May 1918

| | | | |
|------------------|-------------|--------|------------|
| Corps. | Regtl. No. | Corps. | Regtl. No. |
| <u>The Duke</u> | <u>4988</u> | | |
| <u>Nfld Regt</u> | | | |

Joined on Enlistment

Transferred to

Became non-effective by

(Signature) _____ on _____ day of _____ 191 _____
 (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

Wm Herritt

Regiment from which discharged

Royal Newfoundland

Regimental number

4988

Intended address

Rose Blanche.

Height on discharge

5 Feet *3*

Color of hair on discharge

light

Complexion

Fair

Color of eyes

Blue.

Descriptive Marks

—

Figure on discharge

medium

Christian name of Father

James

Christian name of Mother

Mary

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Rose Blanche 1st January 1898

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)

W Herritt

St

(Rank)

Station

ST. JOHN'S.

Date

4-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Station

Date

Medical Report on an Invalid.

Station Hogley D. CampDate 1. 5. 19

1. Unit Royal Newfild
2. Regimental No. 4988
3. Rank Pte
4. Name Berrett, W.
5. Age last birthday 21
6. Enlisted { on May 11, 1918
at St Johns
7. Former Trade or Occupation } Fisherman
- 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).

NilStatement 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.
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). Nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. Nil
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

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.

Account 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?

no

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

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

no

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

no

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

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

no

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.

no

Repatriation

20. Do you recommend—

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

Major
Drone

Officer in medical charge of case.

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

Station *Hayley D. Camp*

Officer in charge of Hospital.

Date *1. 6. 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

#4988 Pte. William Harrett,

Rose Blanche.

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 claim War Service Gratuity under Order-in-Council dated January 28th, 1918.

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 *William* 2. Surname *Harroth*
OK
3. Rank 4. Reg't. No. *4988*
5. Address in full to which future payments of gratuity are to be forwarded..... *Rose Blanche, Nfld*
.....
6. Date of enlistment in the Regiment..... *May 5/18*
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 Nfld. If so, give dates and particulars of such service..... *Overseas*
.....
.....
12. Give total length of time which you served on active service whether in Nfld. or Overseas..... *From May 5/18 to June 2/19* 1. $\frac{1}{2}$

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.
Clothing allowance back pay 80.96

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?

19. Are you now serving in the Regt.? *No* If not give? (a) Date of discharge *June 5/19* (b) Reason for discharge *Temporary Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.
France - from Nov. 1918 to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

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

Signature of Applicant: *William Herrett*
 Place of Residence: *Rose Blanch, Burgo.*
 Declared before me at: *St. Johns, N.J.*
 This *6th* day of *June* 19...*19*.....
John M. Egan

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

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

Receipt for Army Book 64

No.....*4988*..... Name.....*Herritt*.....

To Certify that I have received the AB 64 of the above
named soldier.

Wm Herritt
Name.....

Date.....*October 15/20*.....

Place.....*Rose Blanche*.....

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

WJ

25/10/20

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet One

Regiment of

Royal Newfoundland

Signature of O. C. Company

[Signature]

| | | | | | | | |
|----------------------------|--------------------|---|--------------------------------------|---------------------------------------|---|--|--|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | | |
| No. | | Age on | 19 years months | <u>fisherman</u> | | | |
| <u>4955</u> | <u>Hennett. Wm</u> | Place and Date of Enlistment | <u>[Signature]</u> <u>11.5.18</u> | Religion | | | |
| Joined | Date | Period of } with Colours } with Reserve } | <u>154</u> years. | Place of Birth <u>Rose Blanche</u> | | | |
| Joined | Date | | <u>36</u> years. | | | | |
| Joined | Date | | | | | | |

| 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 |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|--|
| | | | | | | | | | <u>Demobilized 3¹/₁₉</u> |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 11988 Rank Or Name Herrett William
 Date of Enlistment 11-5-18 Address Rosa Blanch District Parsons
 Occupation Steward Classification for Discharge F Medical Category Hi
 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 4-5-19

O. C. Discharge Depot. Must

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Herrett

Particulars passed to Vocational Officer for information and action.

Date 5-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable. \$60.00
 (b) Clothing—Supplied Amberlin

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ¹¹⁷²⁻⁰ 2287 to his home at Roseblanche and Release Certificate No. _____ issued.

Date 5-6-19

J.A. Shaw Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-7-19

Date 5-6-19

H. H. [unclear]
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | |
|-----------|--------|--------|-----------|--------|-----------------|
| N.F. P/36 | B 268 | B 121 | N.F. Med. | D.F. 1 | <i>2 Form B</i> |
| 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 | M 2 | | " 6 | |
| B 179c | B 120 | M 93 | | | |

Date 5-6-19

J.A. Shaw Capt.
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 JUN 10 1919

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

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

Date June 10/19

James [unclear]
James [unclear]

Reg. No. *4988* Rank *Pfc* Name *Herritt, Wm*
Attested Address *Great Britain*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

4.5.19. PASSED TO DEMOBILIZATION OFFICE

19.6.19. DISCHARGE APPROVED ON DEM. REGISTRATION.