



FIRST NEWFOUNDLAND REGIMENT

No. **3522** Name **Attestation of Orlando J. Hewlett** Corps **S.A.**

Questions to be put to the Recruit before Enlistment **Orlando John Hewlett**

1. What is your name? 1. **Orlando John Hewlett**
2. What is your full Address? 2. **Robert's Arms, Green Bay**
3. Are you a British Subject? 3. **Yes**
4. What is your age? 4. **18**
5. What is your Trade or Calling? 5. **Highwayman**
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 **Yes**
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, **Orlando John Hewlett**, 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.
G. Mar. 17/17 SIGNATURE OF RECRUIT.
Orlando John Hewlett Signature of Witness.

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 entered as replied to, and the said recruit has signed the declaration and taken the oath before me on this **17** day of **March** 191**7**.
Chas. R. Dyer Spt.
 Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the **1st Bn. 1st Regt.**
 If enlisted by special authority, such will be attached to the original attestation.
 Date 191**7** }
 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

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

Name Arlanda John Hewlett
 Apparent age 18 years 11 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Israel Hewlett, Roberts Ave
Green Bay, | 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 Re-serve 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

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



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3522 Name Arlanda J. Hewlett Corps S.A.

Questions to be put to the Recruit before Enlistment

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Arlanda John Hewlett</u> |
| 2. What is your full Address? | 2. <u>Roberts Ave, Green Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>11</u> Months |
| 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, Arlanda John Hewlett 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.

Arlanda Hewlett SIGNATURE OF RECRUIT.
Chas. R. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arlanda John Hewlett 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 17th day of March 1915.

Chas. R. Aye Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

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

Date.....1915

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

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

Name Arlanda John Hewlett
 Apparent age 18 years 11 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
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INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Israel Hewlett, Roberts Ave
Green Bay, | 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.
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(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>6-3-17</u>									
Joined at <u>St John</u> on <u>March 6-17</u>									
<u>Discharged Active. March 1/1918</u>									
		<u>Embarked at St John train to Halifax 15-7-17</u>							
		<u>Disembarked France 15-6-17</u>							
		<u>Admitted 11 Stg Hosp. Rouen 2-7-17</u>							
		<u>Shoulder 10-10-17</u>							
		<u>Admitted 11 Stg Hosp. Rouen 12-10-17</u>							
		<u>3 R. S. H. Band with 26-10-17</u>							
		<u>Discharged from Hospital and granted furlough to 12-1-18</u>							
		<u>to headquarters for demob. 19-1-18</u>							
		<u>Arrives headquarters 13-2-1918</u>							
		<u>Discharged medically unfit 1-3-1918</u>							
Total Service forfeited as above.....									

Total Service towards Engagement to 1-3-1918 (date of discharge) 361 years 361 days
 " " " Pensions " [" "]

C.R. 3522

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

3522 Pte. A J.Hewitt

Discharged 1-3-18 Medically unfit

C.R. 3522

Extract of Daily Orders part 11, from Unit Royal Nfld.
Regiment Headquarters, St. John's. March 4, 1918.

#3522 Pte. A.J. Hewett.

Having been found Medically Unfit is struck off the
strength with effect from 1/3/18.

Extract of Daily Orders part 11, from Unit the Royal
Newfoundland Regiment, Headquarters, dated February
15, 1918.

The following men returned from Overseas and is
attached to Headquarters with effect from February
15, 1918.

3522, Private A. Hewlett

C.R. 3522

Extract of Casualties received from Pay & Record Office,
London, dated January 15, 1918.

#3522 Pte. A.J.Hewlett.

Ex 3rd London General Hospital, 15/1/18 unfit for further
military service, is granted furlough to 10 a.m., 16/1/18
with orders to report at 58 Victoria Street, on letter
date pending arrangements for repatriation for discharge.
Auth: for discharge, A.Fs. B. 179.

✓

C.R. 4047

3522 Pte. A. J. Hewlitt. ✓

Ext. of Casualty list received Oct 29th, 1917.

Previously reported Gunshot Wound Right Arm, severe
etc., Rouen Oct 12, and now reported at Wandsworth.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram *For Mr. Hewlett* be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender *For Mr. Hewlett* Address _____

Line Number	Rcd	By	Sent	by	Check

Dated October 29, 1917.

To Mr. Israel Hewlett,

Roberts Arm, N.D.B.

Record Office, London, today reports No. 3522,
Private A. J. Hewlett, has now admitted to Wandsworth.

R.A. SQUIRES

Colonial Secy.

lx



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 56 Sent by _____ Rec'd by _____ Check 14/5 No. _____

Place from _____

To Roberts Arm

Sonk Asquire

OCT 27 1917

Please inquire how no
 3522 pte Hewlett
 previously reported
 wounded is improving
 anxious reply.
 Mr Israel Hewlett.

LX

Counter No. _____

Form No. 17

NEWFOUNDLAND POSTAL TELEGRAPHS.



Gable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number _____	Rcd _____	By _____	Sent _____	by _____	Check _____
		1958			15 pache [unclear]

Dated _____
 To _____

1911 27 100

Robt [unclear]
 Will inquire condition
 3522 pte Hewlett and
 notify you on receipt
 of reply - R.A. Squires Colsee

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated October 23, 1917.
 To Mr. Israel Hewlett,

Roberts Arm, N.D.B.

Regret to inform you that Record Office London, officially reports No. 3522, Private A. J. Hewlett, was at 110th Stationary Hospital, Rouen, October twelfth, suffering from severe gunshot wounds right arm fracture of olecranon and humerus. Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

~~JOHN R. BARNETT~~ R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 3825

3522 PTE. A.J.HEWLETT. ✓

EXT.OF CASULATY LIST RECEIVED OCT.23rd.1917.
110th STATIONARY HOSPITAL. ROUEN.OCT.12th
RIGHT ARM,FRACTURE OF CLAVICLE & HUMERUS.
G.S.W.SEVERE.

C.R. 3522

Extract from Nominal Roll of Draft No. 25 Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.E.F.

3522 Pte. Hewlett, A.J.

MP.

C.R. 3522

Extract from Nominal Roll, embarked St. John's 7/4/17

for Overseas

#3522 Pte. A. Hewlett

35'22

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, March, 6th, 1917.

3522 Pte. A. Hewlett.

Attached to the Strength from 6-3-17.

83522

FEBRUARY 16th.

5.

From Adjutant,
Depot.

To Paymaster and Officer i/c Records,
Department of Militia.

- 1039 Pte. Judge, J.
- 3522 Pte. Hewitt, A.J.
- 3758 Pte. Jacobs, K.
- 1901 Pte. Kearney, B.
- 2251 Pte. Hurchings, C.
- 2676 Pte. Payne, A.
- 1641 Pte. Pollett, A.

The marginally noted men were recommended
for discharge as permanently unfit by Medical Board held
on February 15th. 1918.

I am sending them herewith for your attention
and necessary action, please.

March 1st, 1918.

The O. C.

Royal Newfoundland Regiment,
Headquarters.

Sir,-

The undermentioned men have been discharged on
the dates given.

Kindly note and post in Daily Orders, Part 11.

I have the honour to be,

Sir

Your obedient Servant,

Signed, J.M. Howley,

Capt. & Paymaster &

Officer i/c Records.

JH.

No. 2266 Pte. Ryan, James.	Feb. 28th, 1918. Med. Unfit.	
No. 3522 Pte. Hewett, A.J.	March. 1st, 1918. Med. Unfit.	
No. 1641 Pte. Pollett, W.A.	Do.	Do.
No. 2251 Pte. Hutchings, C.	Do.	Do.
No. 2007 Pte. Foley, C.	Do.	Do.
No. 1901. Pte. Meaney, B.	Do.	Do.
No. 1039 Pte. Judge, J.	Do.	Do.
No. 2687 Pte. Payne, A.	Do.	Do.

A Hewlett

C.R.

3522

~~ARRV~~

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 3522

Rank

Name (surname first)

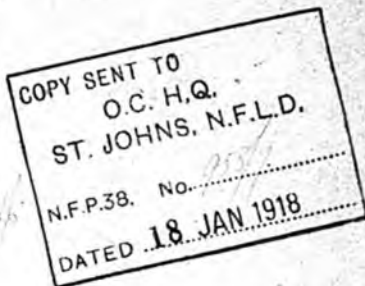
Devlitt Orlando John

Regiment

1st Newfoundland

1. State what special qualifications you have for employment in civil life.

Fisherman



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

F. Fisherman (Independent)

3. What is the nature and locality of the employment you desire.

Fishing Industry

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date

27/12/17

Signature

A. J. Devlitt

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class F. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

FORM K

No 3424



4/1 1st. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, Arlanda Hewitt, Regl. No. 3522

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 April 15/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3031	Grand Mother	Mrs. John Robert (Rebecca) Hewitt.	Arms H. D. B.	60
			Total Allotment, \$	<u>60</u>

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.) Chas. R. Ayles

Officer Commanding
B. Company

(Sig.) Arlanda Hewitt

(Rank) Pvt.

St John's
March 24 1917

No 3424



411 ST. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

Arlanda Hewitt, Regl. No. 3022

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 April 12/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3031	Grand Mother	Mrs. John Robert (Rebecca) Hewitt	A. D. B.	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.) Char. R. Aye Capt.

Officer Commanding
2. Company

St Johns
March 24 1917

(Sig.) Arlanda Hewitt

(Rank) Pvt.

Statement of Accounts

OF

No. **3522** Rank **Pte.** Name **Hewlett A.F.**
 Company, etc. **Repatrated 19/1/18 SS. —** **Class A.**
 From _____ to _____ (dates).

DEBITS				CREDITS			
Date				Date			
	Period			21/12/17	Balance	9	1 11
	22/12/17-19/1/18				Period.		
	Allotment				22/12/17-19/1/18		
	29 days @ 60¢	17.40	5 11 6		Pay.		
	Hospital Advances		1 0 0		29 days @ \$1.00	29.00	
	F. & R.O. Payments		10 0 0		Field All.		
					29 days @ 10¢	2.90	
						31.90	6 11 1
					Ration Allowance		
					5 days @ 2/-		10 0
	Creditor Balance		1 11 6		Debtor Balance		
	Total £		16 5 0		Total £		16 5 0

CHECKED.

No

18/1/18



Station _____

Date _____

Certified correct, NEWFOUNDLAND CONTINGENT

Paymaster
CHIEF PAYMASTER & OFFICER IN CHARGE

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

13295/14

Please remit to

Mr A. Newbott

the sum of 4 pounds _____ shillings, on
account of any balance that may be due to me.

RECEIVED
DATE 5/2/17
Pay
This

✓
4 DEC 1917
13295/14
This

Regtl. No. 3172 Rank plc

Name A. Newbott

✓ Approved Hilda Wood
Officer i/c

Esher Red X Hospital.

Dated at Esher

Dec 2/17 1917.

OK H.C.
#4-0-0
4/12/17.

13295/14

5th December

Esher Red Cross

Esher.

3522

Private

A. Hewlett

4:0:0

7

FOR USE IN THE CASE OF ALL SOLDIERS SENT TO THEIR HOMES UNDER
A.C.I. 1011 OF 1916, PARA. 2(ix.)

No. 3522, Rank 1st Mld. Plé, Name Dewlett. A. J. (Regiment)
is discharged from* 3rd LONDON GENERAL HOSPITAL

with orders to proceed to his home:

Address 58 Victoria St. S.W.



and there to await further instructions as to his discharge from the Service.

Place WANDSWORTH H. Jagan Officer Commanding.
Date 15/1/18 Capt. R.A.M.C. Registrar, R.A.M.C.

Here enter name of Hospital or Unit from which the Soldier is discharged
3rd London General Hospital,
WANDSWORTH, S. W.



Army Form W. 3202.
(In books of 100.)

Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations. Admitted 25. 10. 17.

Soldier's
Regtl. No. 3522 Rank Rt Name Hewett G J
(Surname first)

Corps or Regiment (also Unit if known) 1st Rfl Bt

To OFFICER in charge of RECORDS 58 Victoria St S.W.

REGIMENTAL PAYMASTER 58 Victoria St S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 11. 1. 18., has been sent to ^{headquarters below} ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and ~~a suit of plain clothes.~~

He proceeded on (date) January 15th 1918.

to (full address) 58 Victoria St S.W.

Place 3RD LONDON GENERAL Officer Comm.

Date 15. 1. 18. G C Hall Hospital.
Capt M

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office.

Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations. Admitted 25. 10. 17.

Soldier's
Regtl. No. 3522 Rank Pte Name Hewlett, A. J.
(Surname first)

Corps or Regiment (also Unit if known) 1st Inf'd.

To OFFICER in charge of RECORDS 58, Victoria St. S.W.

REGIMENTAL PAYMASTER 58, Victoria St. S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 11. 1. 18., has been sent to ^{the address below} ~~his home on warrant~~ to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded on (date) January 15th 1918.

to (full address) 58, Victoria Street S.W.

Place 3RD LONDON GENERAL Officer Comm.

Date 15. 1. 18. g. Hall Hospital.
Capt. Mus

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office.

NO EXTENSION OF THIS FURLOUGH IS PERMITTED

N.B.—This Form is to be used for N.C.O.'s and men granted furlough from Hospitals during the period of the War.

No.

Hospital at

FURLOUGH.No. 3522 (Rank) Pte (Name) Hewlett, A.Unit 1st NEWFOUNDLAND REGIMENT.

has been granted a furlough from 15 - 1 - 18
 to baton on 10 O'clock 18 - 1 - 18 and leave to proceed to
London District - Only

No advance is to be made to him on any account without previous reference
 to the Paymaster at

(Station) London(Date) 15 - 1 - 18I/c. J. J. Anderson

CHIEF PAYMASTER'S OFFICE Hospitals CORPS



No. 3522 Rank Plt Name Hewlett. A.J.

Pay	F.A.	Reg	Total
100	10		110
Less: Allotment			60
Net Rate			50

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To			£	s	d
<i>Prm 4/6</i>					Balance							
Balance		1	12	0	✓ Balance							
Acquittance Rolls		4	4	4	✓ Pay @ net Rate	8/6/17	8/6/17					
Hospital Advances		2	14	6	✓ Ration allowances	8/6/17	15/78	221	50	110	50	22 14 1
A.S. 34					2 days @ 2/-							40 ✓
P. & R.O. Payments		4	0	0	(10 - 7 - 3)							
	12.10.10											
<i>Cheque 7410</i>		10	0	0								

22-18-1

From, O. C.,
3rd. London General Hospital.

27/12/17

To, The O. C.,
Records, 57 Victoria St. W.



In accordance with instructions contained in a Col. No.
2069 of 1916, I beg to report that:-

No. 3522 ^W Lt. A. J. ~~Head~~ ^W ~~Walt~~ ^W ~~Walt~~ 12/17

will shortly be brought before a Medical Board and will probably
be discharged from the Army or re-classified.

Duplicate documents will not be required, please.

N. Jagan
Capt. R.A.M.C.

Registrar, R.A.M.C.
3rd London General Hospital,
WANDSWORTH, S.W.

Hawlett, A. J.

3522

Pay Dept

Statement of Accounts

OF

No. 3582 Rank Pts Name Hewlett *AJ*
 Company, etc. Rep attached 10/1/18 per SS
 From 22/12/17 to 19/1/18 (dates)

DEBITS				CREDITS			
Date				Date			
	Period			21/12/17	Balance		9 1 11
	22/12/17-19/1/18				Period.		
	Allotment				22/12/17-19/1/18		
	29 days @ 80¢	17.40	5 11 6		Pay.		
	Hospital Advances		1 0 0		29 days @ \$1.00	29.00	
	P. & R.O. Payments		10 0 0		Field All.		
					29 days @ 10¢	2.90	
						51.90	6 11 1
					Ration Allowance		
					5 days @ 2/-		10 0
	Creditor Balance		1 11 6		Debitor Balance		
	Total £		18 3 0		Total £		18 3 0

This account is ^{checked} in accordance with information received at the Pay & Record Office to 18/1/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.

Station _____
Date _____



Certified correct NEWFOUNDLAND CONTINGENT

 CHIEF PAYMASTER & RECORD OFFICER

Statement of Accounts

OF

No. 3522 Rank Pts Name Hewlett A.J.

Company, etc. Rep attached 19/1/18 per SS Class

From 22/12/17 to 19/1/18 (dates).

DEBITS			CREDITS		
Date			Date		
	Period		21/12/17	Balance	9 1 11
	22/12/17-19/1/18.			Period.	
	Allotment			22/12/17-19/1/18	
	29 days @ 60¢	3 11 6		Pay.	
	17.40			29 days @ \$1.00	29.00
	Hospital Advances	1 0 0		Field All.	
	P. & R.O. Payments	10 0 0		29 days @ 10¢	2.90
				31.90	6 11 1
				Ration Allowance	
				5 days @ 2/-	10 0
	Creditor Balance	1 11 6		Debtor Balance	
	Total £	16 3 0		Total £	16 3 0

This account is checked in accordance with information received at the Pay & Record Office to 18/1/18 and is therefore subject to amendment if, and as may be found necessary.

CHECKED.

Station

Date



Certified correct, NEWFOUNDLAND CONTINGENT.

A.O. [Signature] Paymaster

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

Halifax, N.S., April 22nd, 1920.

TO THE PAYMASTER, Lst Nfld. Regt. M. D. DISTRICT

Name Hewlett, A.J. 3522 Private 1st Nfld. Regt.
(Ex-No.) (Ex-Rank) (Batt.)

was admitted for treatment under this Department on 28-2-20.
(Date)

On receipt of this form, please complete and detach lower portion, and return same to Asst. Director
for N.S. & P.E.I.
Unit, Dept of S.C.R., at "Nurses' Home", Corner Jubilee Rd. & Summer St., Halifax.

Discharged from H.M.F. at St. John's on March 6th, 1918.

February 27, 1919

Orlando J. Hewlett, Esq.,

Roberts Arm,

Twillingate Dist.

Dear Sir:-

Your letter of January 29, was received after the regulations governing Post Discharge Pay were superseded by those concerning War Service Gratuity, and reply has been delayed on account of the time required to make the necessary calculations of the War Service Gratuity.

Payments of this Gratuity will commence on March 1st., 1919, and will be made in monthly installments until such time as the amount due has been paid.

The amount due is calculated on the basis of a soldier's services, and any amount paid as bonus at the time of discharge, and Post Discharge Pay if already paid, will be deducted from the total amount of the Gratuity.

It is necessary before payment is made, that the enclosed Statutory Declaration be completed and returned to me.

As soon as it is received the first payment on account of the War Service Gratuity will be forwarded.

Yours truly,

Captain,
Paymaster & Officer i-C Records

Enc' 1 1.

3889

Roberts arm
Jan 29 1919.

Capt J. M. Howley,
Dept of Militia
St Johns.

Sir: I have been informed by the papers, and in other ways, that I as a discharged soldier am entitled to a certain amount of money which is being paid others & has been paid to many, as a bonus for their services while serving with the Royal Arty Regt. Please send mine, and let me know Particulars.

I am Sir

Yours Truly,
Orlando J. Newland.

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 Commissioners of Chelsea Hospital.
 Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.
 Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full Hewlett, Arlando John
Regiment from which discharged 1st Newfoundland
Regimental Number 3522
Where born (Parish, Town and County), and when Pelley Island Notre Dame Bay Nfld
Intended address Pelley Island Notre Dame Bay Nfld
Height on discharge 5 Feet 11 Inches
Colour of Hair on discharge Brown **Colour of Eyes** Blue
Descriptive marks W R Shoulder **Complexion** Fresh
Figure on discharge Medium
Christian name of Father Israel
Christian name of Mother Lucy (dead)
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired _____



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) Arlando John Hewlett (Rank) Pte
 Station Wandsworth Date 11/1/18

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

Ed Lond. Genl. Hospital Wandsworth SW Date 11/1/18
 Medical Officer i/c Hospital.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
				India		
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued				Sum due on account	}	
Sums due on account of public debts ...				of advance of pension	}	

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.

CERTIFIED TRUE COPY

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 3522 Rank Pte

Name (surname first) Hewlett Arlands John

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

Fisherman



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Fisherman (Independent)

3. What is the nature and locality of the employment you desire.

Fishing Industry

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date 27/12/17

Signature *A J Hewlett*

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

March 26, 1919

#3255 Pte. Arlando Hewlett,
Roberts Arm,
Via Pealley's Island, N.D.B.

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,

Paymaster & O.i/c Records
Captain,

10744

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 question 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... *Orlando* 2. Surname... *Hewlett*

3. Rank... *Private* 4. Regtl. No... *8522*

5. Address in full to which future payments of gratuity are to ~~far~~ be forwarded... *Roberts Arms Via V. Pellys Field N. D. Bay*

6. Date of enlistment in the Regiment... *March 6th 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Not Applicable*

8. Relationship of such dependents... *Not Applicable*

9. Address in full of such dependent.....

..... *Not Applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*

.....

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

..... *No. I served overseas*

.....

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

..... *861 days*

.....

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?.....

Yes

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.....

Not Applicable

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?.....

Not Applicable

19. Are you now serving in the Regt.? *No* If not give:- (a) Date of discharge.....

March 1st 1918. (b) Reason for discharge.....

..... *being no longer physically fit for war service on account of wounds received in action.*

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.....

Yes in France and Belgium from

June 9th 1917 to October 9th 1917.

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.....

Not Applicable

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.

7

Signature of Applicant: *Arlanda Hewlett*
 Place of Residence: *Rulub over*
 Declared before me at: *Springdale*
 This *Twenty first* day of *March* 191*8*

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

Ernest Clapp

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
.....	<i>3.00</i>	<i>210.00</i>
.....
.....
Certified Correct.					Paymaster.

WWB/EB

February 16th 1920.

To:- Major Howley,
O..I. C. Pay & Records.

Mr. Chas. McGrath, Accountants.
Mr. Geo. Pomeroy.

From:- Vocational Officer.

A. J. Hewlett 3522.

This is to certify that this man's course comes to an end on
February 28th. If an extension is in the meantime granted, I shall
notify you.

W. W. Blackell
Vocational Officer.



4/1st. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

Arlanda Hewitt, Regl. No. 3022

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 ^{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 April 15/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3031	Grand Mother	Mrs. John Robert (Rebecca) Hewitt	Armon N. D. B.	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.) Charl. A. Ayl. Capt.
 Officer Commanding
8. Company

(Sig.) Arlanda Hewitt.
 (Rank) Pvt.

St Johns
March 24 1917

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. A. Hewlett Voucher No 28841.
Cheque No 28841.

Reg'l A/c No. _____ Name _____ C.B. Folio No. _____

Date	Req'n No.	Invoice No.	Particulars.	Amount.
Mar. 14	330		Board	\$3 60
			meals	1 20
				\$4 80

CERTIFICATION

Dissectⁿ Sheet No. _____
Recap. Sheet No. 330.

M. Howley
PAYMASTER

Checked by _____

RECEIPT

March 14th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Four-----Dollars
and Eighty-----Cents in Payment as above stated.
March 1917.

\$ 4.80

[Sig.] *A. Hewlett*

March 1st, 1918.

Pte. A. J. Hewlett,
Pilleys Island,
N.D.B.

Dear Sir:-

I enclose herewith cheque for \$52.45, being the balance of pay due you at date of discharge, made up as follows:-

Balance of pay	\$13.75
Bonus 1 week @ \$1.10 p.day	7.70
Subsistence Allow.	6.
Civilian clothes	25.
	<hr/>
	\$52.45

I also enclose certificate of discharge, dated March 1st, 1918, together with special form, which kindly sign and return.

Yours very truly,

Enclosure.

Capt. & Paymaster

BB/ME

July 26. 1919.

Captain Howley,
O. I. CL Pay and Records.

Please pay to Mr. A. J. Hewlett No. 3522
the sum of seven dollars
on account of maintenance for the week ended this date
and charge the same to the Civil Re-establishment Committee.

\$7.00

C.R. Co.

ACCOUNT	
CH. NO.	3827
DATE	
AMOUNT	
PAID TO	
PAID BY	

A. J. Hewlett
For Vocational Officer.

A. J. Hewlett

BB/ME

July 19. 1919.

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

Please pay to Mr. A. J. Hewlett 3522
the sum of twenty three dollars
on account of transportation and maintenance
and charge the same to the Civil Re-establishment Committee.

\$23.00

A. J. Hewlett

For Vocational Officer

A. J. Hewlett

ACCOUNT	<i>C. R. G.</i>
CHEQUE NO.	3366
INITIALS	<i>ew</i>
AND JOURNAL	INITIALS
BY JOURNAL	INITIALS
RECEIVED	INITIALS

Aug 28 1920

Major Howley
O. I. C. Records

Please pay to A. J. Hewlett, 3522
the sum of thirty five dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$35.00

Pension

\$25.00

ACCOUNT		INITIALS	<i>[Signature]</i>
CHK. NO.	2095	INITIALS	
INCL. LEDGER		INITIALS	
PAY LEDGER		INITIALS	<i>[Signature]</i>
GEN. LEDGER		INITIALS	<i>[Signature]</i>

J. C. [Signature]

Vocational Officer

[Signature]

Grand Trally

mar 5 117

Received from
Arlandea Hewlett
\$60 for twelve
meals 50 cts per meal

Miss George Rye (60)
Grand Trally

certified for
three dollars & sixty cents
Cash. Ave. Apt.

2116

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

20th

July 19 19 19

Received from the First Newfoundland Regiment

the sum of Twenty Dollars.

~~on account~~
balance of Pay. Collected

A. J. Newell

CA. No. 3365 Initials JED

Pay Ledger 112 Initials Wm

Gen. Ledger Initials

Regtl. No. Rank

A. C. R.

No. 3522

Rank

Pt

Name

AJ

Hewlett

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$52 $\frac{45}{100}$

March 19/18

Received from the First Newfoundland Regiment
the sum of fifty two $\frac{45}{100}$ Dollars.
on account of Pay when Discharged.
balance

Ch. No. <u>116</u>	Initials <u>ew</u>
Pay Ledger <u>69</u>	Initials <u>lib</u>
Gen. Ledger <u>Rtu</u>	Initials <u>JS</u>

Regtl. No. 116

Rank

No. 3522

Rank

Pte.

Name

A. J. Newlett

Pillips Island

H. D. G.

This space to be left blank for the Chelsea Number.

Originals

Army Form B. 268.


Proceedings on Discharge.

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

No. <u>3522</u>	Army Rank <u>Private</u>
Name <u>Hewlett, Orlando John</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depôt, &c. _____ <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>19</u> years _____ months Height <u>5</u> feet <u>11</u> inches Chest measure { girth when fully expanded <u>38 1/2</u> ins. range of expansion <u>4 1/2</u> ins. Complexion <u>Fresh</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Fisherman</u> Intended place of residence { <u>Bellevue Island</u> (To be given as fully as practicable) { <u>North Sable Bay</u> <u>Newfoundland</u>	Descriptive marks. <u>Sp. W. Right Shoulder.</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P.32 No. <u>9587</u> DATED <u>18 JAN 1918</u> </div>
<p><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></p>	
2. The above-named man is discharged in consequence of <u>Wounds received in Action</u>	
<p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>	
3. Military character:— _____ _____	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ _____ _____	
<p style="font-size: small;">To be filled in on the soldier quitting the Colours.</p>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2667* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2688 has been issued to* _____	

Proceedings on Discharge.

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

No. <u>3522</u>	Army Rank <u>Private</u>
Name <u>Hewlett, Orlando John</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u> Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>March 1st 1918. 11/18</u>	
Place of discharge <u>St John's, Nfld</u>	
1. Description at the time of discharge.	
Age <u>20</u> years <u>11</u> months	Descriptive marks. <u>OpW Right Shoulder.</u>
Height <u>5</u> feet <u>11</u> inches	
Chest measurement { girth when fully expanded <u>38 1/2</u> ins. range of expansion <u>4 1/2</u> ins.	
Complexion <u>Fresh</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	
Trade <u>Fisherman</u>	
Intended place of residence { <u>Pilley's Island</u> <u>Little Dame Bay</u> <u>Newfoundland</u> <small>(To be given as fully as practicable)</small>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Wounds received in Action</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.

Casualty Form—Active Service

Regiment or Corps *2^d Newfoundland Regt*
 Rank *Private* Surname *Newlett* Christian Name *Arline*
 Religion *S. Army* Age on Enlistment *18* years *11* months.
 Enlisted (a) *St Johns* Terms of Service (a) *Duration* Service reckons from (a) *6/3/17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 Occupation *Fisherman* or Corps Trade and Rate *Robertson Capt* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 26, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents
Date	From whom received				
			Embarked <i>Shamptom</i>	<i>11.6.17</i>	
			Disembarked... <i>Rouen</i>	<i>12.6.17</i>	
			Joined Battalion	<i>2 JUL 1917</i>	<i>B 2 13</i>
<i>15-10-17</i>	<i>of Unit,</i>	Wounded in Action		<i>9 OCT 1917</i>	<i>B 2 13</i>
<i>23/10/17</i>	<i>bc. C.S. ad G. P.W. Shoulder</i>			<i>10/10/17</i>	<i>ED 1988.</i>
	<i>11 Station Np</i>	- DO -		<i>17/10/17</i>	<i>NA 15121</i>
		Transferred to England			

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38. No.....
 DATED **18 JAN 1918**

[Handwritten signature]

14 NOV 1917

[Handwritten signature]

MAJOR
 Infantry Section
 G.H.Q. 3rd Echelon

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

Casualty Form - Active Service.

Regiment or Corps... *7th Newfoundland Regt*

Rank... *Private* Surname... *Sevelist* Christian Name... *Delise*

Religion... *Army* Age on Enlistment... *18* years... *11* months

Enlisted (a)... *St John's* Terms of Service (a)... *Duration* Service reckons from (a)... *6/2/17*

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....

Occupation... *Fisherman* Signature of Officer... *Robertson Capt*

CERTIFIED TRUE COPY



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked ... <i>Hampton</i>	<i>11.6.17</i>	
			Disembarked ... <i>Rouen</i>	<i>12.6.17</i>	
			<i>Joined Battalion</i>		
<i>15-10-17</i>	<i>Sp Unit</i>	<i>Wounded in Action</i>		<i>28.10.17</i>	<i>B 213</i>
<i>29-10-17</i>	<i>61. COS</i>	<i>ad G.P.W. shoulder</i>		<i>28.10.17</i>	<i>B 213</i>
	<i>11 Stabs Sp</i>	<i>" do</i>	<i>Rouen</i>	<i>12/10/17</i>	<i>HA 15121</i>
	<i>Sp "Granville Castle"</i>	<i>Transferred to England.</i>		<i>24/10/17</i>	<i>W 3083</i>
			<i>Sp L Peary Capt</i>		
			<i>Sp No 1 Infantry section</i>		
			<i>G.H. 3rd Echelon</i>		

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

(b) Signaller, Shering-Smith, & Co.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
199.

Regiment of 1st Newfoundland

Number of Sheet ^{First} _____
Signature of O. C. Company Phast. Ayleapt.

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No. <u>3622</u>	<u>Shewlett, A.J.</u>	Age on <u>18</u> years <u>11</u> months	<u>Fisherman</u>	
Joined _____ Date _____		Place and Date of Enlistment } <u>St John's Nfld.</u>	Religion <u>S.A.</u>	
Joined _____ Date _____		Period of { with Colours <u>361</u> years. with Reserve <u>565</u> years.	Place of Birth _____	
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>Discharged Medically Unfit</u> <u>St. John's 1³/₁₈</u>					
				To be carried over					

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 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 W.F.P.33. No. 258
 DATED 18 JAN 1918

Army Form B. 121.

Original

Medical Report on an Invalid.

Station 5th London General Hospital,
WANDSWORTH, S.W.
Date 10/1/18.

- 1. Unit 1. Newfoundland
- 2. Regimental No. 3522.
- 3. Rank Pt.
- 4. Name Hewlett. A. J.
- 5. Age last birthday 19.
- 6. Enlisted ^{on} 6. 3. 1918
_{at} St Johns nfd.

- 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).

G.S.W. Shoulder & Arm 8.4

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. 9 Oct 1917
- 10. Place of origin of disability. France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. # 61 C.C.S. D.S. W R. shoulder region & destruction of clavicle at upper 1/3 R. humerus. Vessels & nerves intact. Operation (C.C.S.) Removal upper 1/3 R. humerus & 1 section R. clavicle. General cleaning of wound. Dec. 29 Wd. healed & all normal motions of shoulder joint absent.

- 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.

W.R.
service during present war
a close service. S.S. Co

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ST. JOHNS, N.F.L.D.
N.F.P.38. No. 9587
DATED 18 JAN 1918

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.

general condition good. Last. right humerus. all movement lost. Effusion movements present but unaided. Hand & foot good

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

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

in action. Yes Yes Yes V

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?

Yes, } Excision upper 1/3 R humerus"
C.C.S. #61 | Incision at Drainage

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

no

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

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

MP. Employment

M. Bronk C.S.

Officer in medical charge of case.

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

~~except~~
3rd London General Hospital
Station WANDSWORTH, S.W.

H. E. D. B. G. H.
Officer in charge of Hospital.

Date 11/1/19.

Col. A.M.S.
Comdg. 3rd. London Gen. 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.

Opinion of the Medical Board.

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

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentials between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

Yes
No
—
No
No

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

Yes. No.

23. Is the disability permanent?

—
Yes.

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

100.

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

vide 16.

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes. Return to Newfoundland

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

outpatient

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

no

30. Does the man require the constant attendance of another person?

no.

Signatures:—

3rd London General Hospital,
Station WANDSWORTH, S.W.

Date Jan. 11. 1918

John Peyton Tapscott President.
W. Howard Members.

Approved: John Peyton Tapscott

Station WANDSWORTH, S.W.

Date Jan. 11. 1918.

John Peyton Tapscott
Administrative Medical Officer.

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records

58 Victoria St. Sw

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification, see A.C.I. 1923 of 1916.)

Soldier's surname *Hewlett*, Christian names *Arlands John*
(in full)

Regt. No. and Rank *3522. Pte.* Regt. or Corps *1st Newfoundland*
(If T.F. this should be stated.)

His address on discharge will be *Pilley Island*
Notre Dame Bay, Nfld

This information is for the Central Army Pension Issue Office only.

The Soldier states that* _____ allowance is being issued in respect of him.

* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station *3rd London General Hospital,*
WANDSWORTH, S.W.
Date *11/1/18*

John Robert Capri P.M.M.C.
President of Board
(Approving Officer)

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

A Name in full Hewlett, Arlanda John.
Regiment from which discharged 1st Newfoundland.
Regimental Number 3522.
Where born (Parish, Town and County), and when Pilly's Island, Notre Dame Bay, Nfld.
Intended address Pilly's Island, Notre Dame Bay, Nfld.

Height on discharge 5. Feet 11. Inches
Colour of Hair on discharge Brown. **Colour of Eyes** Blue.
Descriptive marks Shd R. shldr. **Complexion** fresh.
Figure on discharge medium.
Christian name of Father Israel
Christian name of Mother Lucy (decd)
Wife's Maiden name in full —
Date and Place of Marriage —
Christian names of Children —



Nature and locality of civil employment desired Return to fishing in Nfld.

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) Arlanda John Hewlett **(Rank)** Pvt

Station Wandsworth **Date** 11/1/18

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

3rd London General Hospital

P. J. Howara **Medical Officer i/c**
3rd London General Hospital

Station Wandsworth **Date** 11/1/18

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		Years	Days
				S. Africa	O.C. H.Q.		
Disallowed							
Service towards Pension							
Date inclusive to which pay has been issued							
Sums due on account of public debts ...							

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S. Africa O.C. H.Q.

ST. JOHNS, N.F.L.D.

N.F.P.38. No. 2007

DATED 18 JAN 1918

Sum due on account of advance of pension }

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge** _____
Date _____ **Records.** _____

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

MEDICAL HISTORY

Surname Hewlett OF Christian Name Arlands

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

		SPECIAL RESERVE.			
Examined	on <u>6th</u> day of <u>March</u> 191 <u>7</u>	on		on	
	at <u>St. John's</u>	at		at	
Declared Age	<u>18</u> years <u>11</u> days	years	<u>11</u>	years	<u>11</u> days
Trade or Occupation	<u>Fishermen</u>				
Height	<u>5</u> feet <u>10</u> inches	feet	<u>10</u>	feet	<u>10</u> inches
Weight	<u>140</u> lbs.	lbs.		lbs.	
Chest Measurement	Grith when fully expanded	<u>38½</u>	inches		inches
	Range of Expansion	<u>4½</u>	inches		inches
Physical Development					
Vaccination Marks	Right			Right	No. _____
	Left	<u>one scar</u>		Left	
When Vaccinated	<u>1910</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	(a)			(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)			(b)	
Approved by (Signature)	<u>St. J. Burden</u>				
(Rank)	<u>Lieut.</u>				
	Medical Officer.			Medical Officer.	
Enlisted	at <u>St. John's</u>	at		at	
	on <u>6th</u> day of <u>March</u> 191 <u>7</u>	on		on	day of 191
Joined on Enlistment	Corps.	Regtl. No.		Corps.	Regtl. No.
	<u>4th Nfld</u>	<u>3522</u>			
Transferred to	<u>Regt</u>				
	<u>Newfoundland</u>				
Became non-effective by					
	on _____ day of _____ 191	on		on	day of _____ 191
(Signature)					
(Rank)					

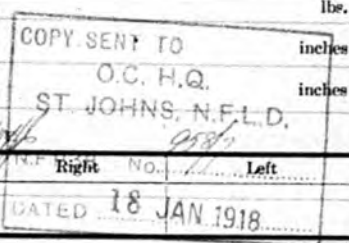


Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	25	10	17				G.S.S. Shoulder R Arm		Board held - see overleaf Disability G.S.S. Shoulder R Arm. Movements of forearm impaired Cause - G.S.S. on Active Service Total - Inability to earn a livelihood 100%	G. C. Hall Capt Med 3rd London General Hospital, WANDSWORTH, S.W.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here



~~July 6th. 1921~~ 1917.

The accompanying King's Certificate, on his discharge,

(No. 1216), is forwarded herewith to

~~Orlando J. Hewlett,~~

Roberts Armory - N. D. B.

in respect of his service as No. 3522 Rank Prvt.

Name O. J. Hewlett, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received _____

Signature _____

Date _____

Address _____

