



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1197 Name Michael Kellyard R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>Michael Kellyard</u> |
| 2. What is your full Address? | 2. <u>Place St. Jersey Side</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> Months |
| 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, Michael Kellyard 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.

Michael Kellyard SIGNATURE OF RECRUIT.

J. W. P. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Kellyard 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 given as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 20 day of May 1915.

W. S. [Signature] Lieutenant
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 compiled with. I accordingly approve, and appoint him to the

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

Date.....191.....

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5197

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

Name Michael Hilliard
 Apparent age 20 years months. Height ✓ feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Hilliard
Salento | 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 L'epot	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 <u>Married</u> engagement reckons from <u>20-5-18</u>									
Joined at <u>St. Albans</u> on <u>May 20-1918</u>									
<u>Discharged July 4-1919</u>									
<u>Embarked St. Albans R.F.C. 22-7-18</u>									
<u>Embarked for B.C.E. 23-11-18</u>									
<u>Re-embarked France 28-11-18</u>									
<u>Joined Battalion 5-1-19</u>									
<u>Transfers from Queen 22-4-19</u>									
<u>To be transferred for demobilization 22-5-19</u>									
<u>Arrived home 1-6-1919</u>									
<u>Demobilization St. Albans 4-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge)									
" " " " " " " " " " " " " " " "									
" " " " " " " " " " " " " " " "									
Pensions " " " " " " " " " " " " " " " "									

1 years 46 days

M. Hillard

C.R. 5197

P. H. O.

Medical Report on an Invalid.

Station Hazelton, B.C.
 Date 1/5/19

1. Unit Royal Newfoundland 7. Former Trade } Fisherman
 or Occupation }
 2. Regimental No. 5197
 3. Rank Pte.
 4. Name Richard Michael
 5. Age last birthday 21
 6. Enlisted { on May 20/18
 at St John's

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

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. na

13. What is his present condition?

He complains of no disability

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

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

na

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

na

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

na

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

na

20. Do you recommend—

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

Repatriation

W. E. Proctor

Sgt. Major, Capt Ramo

Officer in medical charge of case.

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

Station *Hazeleydown*

Officer in charge of Hospital.

Date *1/5/19*

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

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

FORM K

Nº 4645



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Hillard, Regl. No. 5197
 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 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4213	Mother	Wm William Hillard	Jersey Side Placentia	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. H. G. James / 2/18
 Officer Commanding
D Company
St. John's

(S) Michael Hillard
 Rank Private

Witness:—
B. G. ...

8-6-1918.

FORM K

Nº 4645



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Hillard, Regl. No. 5197, 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 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4213	Mother	Mrs William Hillard	Jersey Side Placentia	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.) J. G. James
Officer Commanding
D Company
St. John's
8-6-1918

(S) ⁱⁿ Michael Hillard
(Rank) Private
Witness:-
B. J. ...

Casualty Form - Active Service.

Regiment or Corps H. Newfoundland
 Rank P. T. C. Surname Boillyard Christian Name M.
 Religion R. C. Age on Enlistment 20 years 1 months
 Enlisted (a) 20/5/18 Terms of Service (a) Duration Service reckons from (a) 20/5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended [] Re-engaged [] Qualification (b)
 or Corps Trade and Rate
 Occupation Fisherman W. H. Long 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. 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 ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Arrived in UK		23/4/19.	

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

(b) Signaller, Gboeing-Smith, & Co

(17501) Wt. W 1287-P 1124. 1,000,000. 6/12. D & S. Form B/103. (E. 1266.)

P.T.O.

Next of kin: Father: W. Boillyard! Placenta: N. S. S.



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

Michael Helyard

Regiment from which discharged **Royal Newfoundland**

Regimental number

5197

Intended address

Placenton

Height on discharge

5 Feet *5 1/2*

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

medium

Christian name of Father

William

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

St. John's May 20th 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)

Michael Helyard
rank

(Rank)

Station

St John

Date

June 4th 1919

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

Medical Officer in Hospital,
Unit, or Command Depot.

Station

Date

No. 5197 Name Heilyard M. Sqn., Batty., or Company L. Coy. R. Newfoundland Date of enlistment 20/5/18 O.C. (Designs) Service of Proficiency Pay 1/8
 Date of last entry in Company Conduct Sheet No. and date of last drink Period not reckoning towards freedom from extra fine Sheet No. Signature O.C. Company, etc. W. L. Dept. Character

Army Form B. 122.

Place	Date of offence	Rank	Cites of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
In the Field	6-2-19	Pte		1 Dirty rifle on Guard	C. S. M. Amstey	4 Days C.B.		Capt. Williamson	
"	8. 3. 19.	Priv.		2 Not shaven on Guard deficient knife, fork & spoon 1/24	C. P. M. Shaw	Admon. Pay for same	8-3-19	M. J. Mathews	

C.R. 5197

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 4-7-19.

5197, Pte. ml. Hillyard.

C.R. 5197

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot, St. John's, June 10th, 1919

The discharge of the undernoted on demobilization has been
APPROVED BY C.C. Discharge Depot with effect from 20-6-19.

5197 Pte. M. Hilyard.

C.R. 5197

Extract from Daily Orders Part III Depot, St. John's,

Date 9-6-19

5197 Pte. M. Hilyard

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

CR

5197

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 20-4-19.

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.

#5197 Pte. M. Hillyard.

C.R. 5197

Extract from Desimal Roll of Draft No. 55, from the 2nd., Battalion
of the Newfoundland Regiment, Winchester to the 1st., Battalion of the
Regiment, N. S. F., embarked Southampton 23/11/18.

#5197 Pte. M/ Hilliard.

C.R. 5197

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

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

#5197 Pte. Michael Hilliard.

C.R. 5197

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 21, 1918

#5197 Pte. M. Hilliard

Attested for General Service with the Royal Nfld. Regt.
from 20.5.18 to report 24.5.18

Hillgard, M

5197

Ray capt.

July 4, 1919

#5197 Pte. Michael Hillyard,

Placentia, P.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2587.

Yours truly

Captain,
Paymaster & Officer i/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5147 Rank _____

Name Kellyard M

Warned for demobilization on

JUN 6 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5197 Rank PC Name Sheppard M
 Intended place of residence Placentia
2. Occupation Fisherman
 Classification of soldier E Medical Category A 1
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 6 1919 *J. M. Munsiff*
 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 6 1919
Michael X. Hellyar
 Signature of soldier
Michaelston
 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
JUN 6 1919
Michael X. Hellyar
 Signature of soldier
James B. Brown
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No of days on Military
 Discharged from service 20-6-19 ten 14 days Service 417

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
JUN 20 1919
R. H. Lat
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's
July 4/1919
M. Bowley
 Officer in Charge of Records
 The Royal Newfoundland Regiment

a. G. B 2079/2587

The Royal Newfoundland Regiment

Class for Demobilization:—
1
E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 4-5-19.....

Regimental No. 5197.....

Name Hillyard M. L. St.....

Address Phoenix.....

Present Medical Category..... A.I.

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

Members of Board {

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

L. Peterson
Senior Medical Officer

Jee Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5197 Rank Pte Name Millyard, Earl
 Date of Enlistment 20-5-14 Address Placentia District P.M.I.
 Occupation Tradesman Classification for Discharge E Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	f. D 400A	B 1915	/	do 2nd	" 3	2
B 179	f. 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
 O. C. Discharge/Depot. H. Mills

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

 Particulars passed to Vocational Officer for information and action. Michael H. Roy
met James

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied James

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1524 to his home
at Placenta and Release Certificate No. 2399 issued

Date 6-6-19

J.A. Snow 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 4-7-19

Date 6-6-19

H. M. ...
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. F136	B 268	B 121	N.F. Med.	N.F. 1.
F 178	W 3494	B 122	Board 1st.	" 2.
F 178a	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L.	do 3rd.	" 4.
B 179a	D 400C	Form K.	do 4th.	" 5.
B 179b	B 103	ME 2		" 6.
B 179c	B 120	M 93		

2 Forms B

Date 6-6-19

J.A. Snow 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 20 1919

R.H. ...
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

Hillyard

Signature of Man.

Reg. No. *5197*

J. H. Shaw

Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *6-6-19*

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

MEDICAL HISTORY

Surname Hillyard OF Christian Name Michael

Table I.—GENERAL TABLE

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Birthplace:—Parish <u>Placentia</u> County <u>Nfld</u>				
Examined	on <u>20</u> day of <u>May</u> 191 <u>8</u>	at <u>St Johns</u>	on	day of
Declared Age	<u>20</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>5 1/2</u> inches		feet	inches
Weight	<u>120</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
	Range of Expansion	<u>1</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>18 cas</u>			
When Vaccinated	<u>8 yrs ago</u>			
Vision	R. E.—V= <u>6/6</u>		R. E.—V= <u>6/6</u>	
	L. E.—V= <u>6/6</u>		L. E.—V= <u>6/6</u>	
(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>Landon Watson</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at <u>St Johns</u>	at		
	on <u>20</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal 1197</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazley Barracks
Date 1/5/19

1. Unit Royal Newfoundland
2. Regimental No. 5197
3. Rank plc
4. Name Hillyard Michael
5. Age last birthday 28
6. Enlisted $\left\{ \begin{array}{l} \text{on } \text{May } 20/15 \\ \text{at } \text{21/20/15} \end{array} \right.$
7. Former Trade or Occupation $\left\{ \begin{array}{l} \text{Fisherman} \end{array} \right.$
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

9. Date of origin of disability.
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
nil
nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

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

na.

13. What is his present condition?

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

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?

na.

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

na.

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

na.

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

na.

Repatriation

20. Do you recommend—

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

W.S. Roemer

Capt R.D.M.C.

Officer in medical charge of case.

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

except †

Station

Mazeley 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.

July 5, 1919

#5197 Pte. Michael Hilliar,

Flacenia, F.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
retailty.

Yours truly

Captain

Paymaster & O.I./C Records.

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, 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..... *Michael* 2. Surname..... *Hillier*
3. Rank..... *Pte* 4. Regtl. No..... *5197*
5. Address in full to which future payments of gratuity are to be forwarded..... *Placentia*
6. Date of enlistment in the Regiment..... *May 20/18*
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..... *No*
9. Address in full of such dependents..... *No*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
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..... *Thirteen months*
- 1. 2

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

Not applicable

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. *Yes*

\$71.19 Clothing & books allowance

15. Have you been issued with a War Service Badge? *no*

16. Have you, during the present war, served in the Imperial Forces? *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

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

19. Are you now serving in the Reserves? *no* If not give:- (a) Date of discharge *June 20/19* (b) Reason for discharge *demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *France & Germany 1918-19*

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

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

Signature of Applicant:

Michael X Miller (Witness) *James*

Place of Residence:

Placenta
St John's field

Declared before me at:

This *6th* day of *June* 19*19*....

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

POST DISCHARGE PAY.

Date paid Paid Paid
Soldier. Dependent.

War Service
Gratuity.

Net amount
due

Certified correct.

Paymaster

FORM K

Nº 4645



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Michael Hillard, Regl. No. 5197, hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty 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 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4213	Mother	Mrs William Hillard	Money Cade Placentia	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.) H. A. James ^{2/11}
 Officer Commanding
D Company
St. John's
8-6- 1918.

Sig.) ⁱⁿ Michael X Hillard
 (Rank) ^{Private} Private
 Witness:—
B. Hartwig.

5197 Hilliard,

~~Payment balance~~ Balance due.
One month \$70.00

Bill
A.H.

[Signature]

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

Sept 18th 1919

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W.S.G. M. Hilyard
balance

Ch. No. 11145	Initials C.B.H.
Pay Ledger 244/3	Initials C.B.H.
Gen. Ledger.....	Initials.....

Regtl. No. A.C.S. Rank _____

noted

No. 5797

Rank. Lie

Name H. Hilgard

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121
39Number of Sheet One

Regiment of

Royal Newfoundland

Signature of O. C. Company

Patrick Leitch

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Hilleyard, Michael</u>	Age on	<u>20</u> years <u>0</u> months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<u>St. John's</u>	<u>R.C.</u>
Joined		Date	Period of	with Colours <u>4 1/2</u> years.	Place of Birth
Joined	Date	with Reserve <u>3 1/2</u> years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Magdalen D Camp</u>	<u>29.8.18</u>	<u>Pte</u>		<u>Unsharped on morning parade</u>	<u>Cpl L. Calver</u>	<u>7 days CB</u>	<u>29.8.18</u>	<u>Capt M. Long</u>	<u>n.l.h.</u>
"	<u>2.9.18</u>	"		<u>1 Duty on parade</u> <u>21 No^t Complying with an order (in) not getting his hair cut.</u>	<u>C S M White</u>	<u>4 days CB</u>	<u>2.9.18</u>	<u>Capt M. Long</u>	<u>n.l.h.</u>
"	<u>7.9.18</u>	"		<u>20 Not obeying an order</u> <u>21 Giving insolence to and</u>	<u>Lt Channing</u>	<u>8 days CB</u>	<u>9/9/18</u>	<u>H. C. B. Batten B. J.</u>	<u>n.l.h.</u>
"	<u>18.10.18</u>	"		<u>N.C.O.</u> <u>Quits Tent</u>	<u>C S M White</u>	<u>3 days CB</u>	<u>18/10/18</u>	<u>Capt M. Long</u>	<u>n.l.h.</u>
				<u>Demobilized</u>	<u>St John's</u>	<u>4.7.19</u>			

To be carried over

Receipt for Army Book 64

No. *5197* ... Name *Billyard*

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

Name *M. Hilliards*

Date *Augst 24 1920*

Place *Placentia*

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

W

C.R. 5197

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name..... *Michael Hilord*

Date..... *Dec. 1. 1919*
Place..... *Victoria Falls*
Miller's Town

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5197 Rank Pte Name Hillyard, Inb.
 Date of Enlistment 20-5-18 Address Placentia District P.M.I.
 Occupation stairman Classification for Discharge E Medical Category A.I.
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Mcd	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 5-6-19 for H. M. W. S. H. O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am Michael H. Clayton in a position to resume civilian occupation.

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 new cap

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

15197

The Royal Newfoundland Regiment

DEMobilIZATION OF

P1-d-d

Reg. No. 5197 Rank Pte Name Millyard, Inb.
 Date of Enlistment 20-5-18 Address Placentia District P.M. In.
 Occupation stairman Classification for Discharge E Medical Category A.F.
 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		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 for H. M. W. S. H. O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.
 I am Michael H. Clayton in a position to resume civilian occupation.
with Newman
 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 by hand

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1524* to his home at *Placenta* and Release Certificate No. *2392* issued.

Date *6-6-19* *J.A. Snowball*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *4-2-19*

Date *6-6-19* *J.A. Snowball*
Depot Paymaster.

Discharge approved for *20-10-19*

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	O.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1015	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 53		

2 Forms B

Date *6-6-19* *J.A. Snowball*
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Public Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 20 1919* *T.H. [Signature]*
O. C. Discharge Depot.

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

June 11, 1919

[Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 15-24* to his home at *Placenta* and Release Certificate No. *2392* issued

Date

6-6-19

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 *1-1-19*

Date

1-1-19

Depot Paymaster.

Discharge approved for

20-10-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	O.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 98		

Date

6-6-19

Demobilization Officer.

APPROVED.

Documents as above forwarded to—

War Service Records Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 20 1919

O. C. Discharge Depot.

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

June 11, 1919

W. A. ...
Depot Records

Reg. No. *5191-* Rank *1st* Name *Hillyard, W.*
Attested Address *Stacetta*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19.*
Returned on S.S. *Cossican* Cause *Discharge*

5-6-19
20-6-19

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILISATION.

Reg. No. 5197 Rank Pte Name Hilliard, M.
Attested 30-5-18 Address Jersey Side, Plaunton
Allotment 60 Allotee Mrs William Hilliard (Mother)
Date of Allotment 8-6-18 Returned from Overseas _____
Embarked for Overseas JUL 22 1918 Cause _____

1st Dec 27/18.
A.L. 30/18 - 6 6/8 Returned from leave 7/18