



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5086 Name Caleb Hilyard Corp C.P.F.

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Caleb Hilyard</u>               |
| 2. What is your full Address? .....  | 2. <u>Spreadeale</u><br><u>St. J.</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                         |
| 4. What is your age? .....   | 4. <u>22</u> Years <u>0</u> Months    |
| 5. What is your Trade or Calling? .....  | 5. <u>Waterman</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, Caleb Hilyard 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.

Caleb Hilyard SIGNATURE OF RECRUIT.  
John W. ... Signature of Witness.

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

I, Caleb Hilyard 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 verified as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 16 day of May 1918  
Signature of Attesting Officer A. S. Dicks Lieut.

### † CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date ..... 1918  
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

5086

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

Name Caleb Milyard  
 Apparent age 22 years 0 months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Spreader  
2 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 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 limited engagement reckons from <u>16-5-18</u>									
Joined at <u>Meaux</u> on <u>May 16 1918</u>									
<u>Embarked Meaux St. Columba to Halifax</u>									<u>22-7-18</u>
<u>Disembarked France</u>									<u>38-11-18</u>
<u>Joined Battalion</u>									<u>3-1-19</u>
<u>Transferred from No. 22 to Arrived Winchester</u>									<u>23-7-19</u>
<u>to the outposts and for demobilization</u>									<u>22-5-1919</u>
<u>Arrived Newfoundland</u>									<u>1-6-1919</u>
<u>Demobilization Meaux</u>									<u>7-7-1919</u>
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-7-1919</u> (date of discharge)									
Pensions									

C.R. 5086

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

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

5086 Pte. Caleb Hilyard.

C.R. 5086

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. Depot St. John's, June 15th, 1919.

The discharge of the Undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot with effect from 23-6-19.

5086 Pte. C. Hilyard.

C.R.

5086

Extract from Daily Orders Part 11 Depot, St. John's,

Date 12/6-19

5086 Pte. C. Hilyard

Reported at Headquarters 1-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5086

Extract from Daily Orders Part 11 "nit the Royal Bn. 1st  
Regt. by Lt. Col. F.G. Mathias, D.S.O. Commanding 1st  
Bn. 3-11-1884

The following joined the Batta. 3-11-88

5086 Pte. H. Batten.

A Coy.

C.R. 5086

Extract from Despatch Roll of Draft No. 56, from the 2nd., Battalion  
of the New Zealand Regiment, Winchester to the 1st., Battalion of the  
Regiment, N. Z. F., Embarked Southampton 23/11/18.

#5086 Pte. G. Hillyard,

CR. 5086

Extract from Daily Orders part 11, from Unit The Royal  
Rifles, Regt. St. John's, dated July 28, 1918.

The following man uncharged for overseas on H.M.S.  
"Columbella" July 28, 1918.

#5086 Pte. Caleb Hilliard.



C.R. 5086

Extract from Daily Orders part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated May 17, 1918

#5086 Pte. N. Hilyard.

Attested for General Service with the Royal Mfld. Regt.  
from 16.5.18

95086

July 17th, 1918

From Officer Commanding,  
Depot

To Paymaster and Officer i/c Records,  
Militia Department

Re Allotment #5086 Pte. Jas. Lawlor

Above noted man has made an application to have his allotment of 50¢ per day, in favour of his mother, cancelled from and including August 1st, 1918.

New allotment made to his wife for the sum of 60¢ per day is substituted.

Papers in connection have preceded this notice and been delivered to Pay Office.

E. Hilliard

C.R. 5086

1880

## Medical Report on an Invalid.

Station Tracy DownDate 30/2/19

1. Unit Royal Newfoundland
2. Regimental No. 5086
3. Rank Pte.
4. Name Hilliard C.
5. Age last birthday 23
6. Enlisted { on 16/5/18  
at St John's
7. Former Trade } Yisberman  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

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

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

nilStatement of Case.

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

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

13. What is his present condition?

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

*The employer for possible*

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

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

*u*

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

If so—(a) When?

- (b) Where?
- (c) Opinion?

*u*

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

*u*

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

*u*

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?

*u*

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.

*u*

20. Do you recommend—

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

*Repatriation*  
*Winkler*

*Chas. J. D. P.*

\_\_\_\_\_  
Officer in medical charge of case.

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

Station *Hazley Down.*

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

Date *50-4-19.*

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

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





No. 18510/2041

NEWFOUNDLAND CONTINGENT



N.F.P./79.

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

16th November 1918

Nov. 18th 1918

Subject: 5086, Pte. Hillyard

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

Pay to 5086 Hillyard £4:2:3

Draft £ 4:2:3 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder

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

Received the sum of Four pounds  
two shillings, three pence on account of  
cable remittance from Newfoundland.

*Carter* Hillyard

No. 5086 Rank Pte.

Witness

*A. L. Carter, Pte.*

*06522/8*

*W.P. Hunt*

Chief Paymaster & O. 1/c Records.



No. 5886 Name Hillier, S.

Sq. Batty.  
or Company

C Corps Newfoundland

Date of  
enlistment

G.C.  
Badges

Service or  
Proficiency Pay

Date of last entry in  
Company Conduct Sheet

No. and date  
of last drunk

Period not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

Character

Temporary

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunkenness	Offences	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Rovers	29/3/19	Pte.		Def of Kit	CMS W etc	pay for same	1/4/19	Mag Bernard	W.M.C.

Hillier, C

5086

Ray & Capt.

July 8, 1919

#5086 Pts. Caleb Hillier,

Spread Eagle, T.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

Captain  
Paymaster & Officer 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. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name. *Leah* ..... 2. Surname. *Hillier* .....
3. Rank. *Private* ..... 4. Regt. No. *5086* .....
5. Address in full to which future payments of gratuity are to be forwarded. *Spence Bay, Trinity Bay* .....
6. Date of enlistment in the Regiment. *May 16<sup>th</sup> 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None* .....
8. Relationship of such dependents. *—* .....
9. Address in full of such dependents. *—* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .....
11. Were you on active service only in Hfld, if so, give dates and particulars of such service. *Overseas France & Germany; from May 1918 to June 1919* .....
12. Give total length of time which you served on active service, whether in Hfld, or Overseas. *May 1918 to June 1919* .....

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

.....  
..... *One* .....

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.....

..... *None* .....

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.....

*None*.....

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.?..... If not give? - (a) date of discharge..... (b) Reason for discharge.....

*Yes*.....

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, France Germany, October 1918 to April 1919*.....

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

*No*.....

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

his

Signature of Applicant: *Calat X Hillier*

Place of Residence: *Sprent, Bay, Trinity Bay*

Declared before me at: *St John*

This *ninth* day of *June* 1947.

*John J. Hillier*  
*Notary Public*

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

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount due
	Soldier.	Dependent.	Gratuity.	
.....				
.....				
.....				
Certified correct.				Paymaster

July 7, 1919

#5086 Rte. Caleb Hillyard,

spread Eagle, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2702.

Yours truly

Raymaste & O.i/c records. Captain.

The Royal Wld. Regiment

DEMOBILIZATION

No. 5086 Rank

Name Hillyard C

Warned for demobilization on

JUN 8 1915



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5086 Rank Pl Name Hilliers G  
 Intended place of residence Spinnegale Trinity

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 ..... JUN 9 1919 .....  
 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 9 1919 .....  
 Signature of soldier  
 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 9 1919 .....  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 16-5-18 ..... No of days on Military  
 Discharged from service 23-6-19 for 14 days ..... Service 418.....

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S .....  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JUN 22 1919 .....

### CONFIRMATION OF DISCHARGE

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

Place St. John's Nfld .....  
July 7/1919 .....  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

A/B 2019/2702

# The Royal Newfoundland Regiment

Class for Demobilization: 8.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

7.6.19

Regimental No. ....

5086

Name .....

Hilford Caleb

Plg

Address .....

Spread eagle

Present Medical Category .....

A-1

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

R.H. East Cap

O.C. Discharge Depot.

A. Paterson

Senior Medical Officer

B.W. Borden

M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5086 Rank Plt Name Wiliam Gable  
 Date of Enlistment 16 5 18 Address Sp. Cadogan District Trinity  
 Occupation Fisherman Classification for Discharge E7 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 7-6-19 for H. M. Gable O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*W. Gable*  
*Plt Fisherman*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~ W. Gable

Date 9-6-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A.1146.8645 to his home at Squadra family and Release Certificate No. 2474 issued.

Date 9-6-19 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 1-7-19

Date 9-6-19 J.A. Snowball  
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date 9-6-19 J.A. Snowball  
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

JUN 23 1919

Date 9-6-19 J.A. Snowball  
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 G.

Signature of Man.

Reg. No. 5086

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Place St Johns

Date JUN 9 1919

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

## MEDICAL HISTORY

OF

Surname KilyardChristian Name Caleb

Table I.—GENERAL TABLE.

Birthplace:—Parish Greendale P.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May	1918	191
	at	St. Johns	at	
Declared Age	22	years		days
Trade or Occupation	Fisherman			
Height	5	feet	7	inches
Weight	140	lbs.		lbs
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		4	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Samuel Peters</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	St. Johns	at	
	on	16	day of	May
		1918		191
		Corps.		Regtl. No.
Joined on Enlistment	The Royal 2086			
	Nfld. Regt.			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191



## Medical Report on an Invalid.

Station Hazelby D CampDate 30.4.19

1. Unit Royal Newfd.
2. Regimental No. 0086
3. Rank Pte.
4. Name Hillyard C.
5. Age last birthday 23.
6. Enlisted { on 16.5.18  
at St Johns.
7. Former Trade or Occupation } Trickerman
- 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?

*No complaint 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?

*nq*

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

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

*nq*

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

*nq*

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

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

*nq*

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*

\_\_\_\_\_  
Officer in medical charge of case

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

Station *H.D. Camp*

Date *30.11.19*

\_\_\_\_\_  
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.



Spreadeagle

Lt 22<sup>nd</sup>

2728

1918

Royal Newfoundland  
Pay Department

Dear Sirs

as I am getting money  
from my two sons which  
is in the Regiment  
I am getting \$15.50 per month  
from one and \$18.60 per month  
from the other I would like  
to know who is sending  
the most I have received  
only one months pay from one  
which was 15.50 and 2 months  
pay from the other which  
was 18.60 each time  
their names are Caleb Hillier  
and Charles Hillier you will  
oblige me very much by guiding

me the names which  
is sending the most  
or the least and there  
will be no mistake  
in filling out the account

Please oblige  
Richard Hillier

Shreadcagle parents  
Trinity Bg

Charles Hillier  
per my  
Caleb  
parents

October 3rd. 1918.

Mr. Richard Hillier,  
SPREAD EAGLE, T.B.

Dear Sir:

With reference to your letter of  
Sept. 22nd. I beg to inform you that your son, Charles  
Hillier declared an allotment of 50¢ per day in your  
favour, and your son Caleb declared an allotment of  
\$60 per day in your favour.

Yours truly,

Lieut.  
For Paymaster

Spread eagle  
December  
15<sup>th</sup>  
1918

H M Maddick

Dear Sir

as I hadent Recieved  
any Pay from my  
son Bridet cald Hillier  
No 2086 for last month  
I had got it from Bridet  
Charles Hillier ok  
on December the 9<sup>th</sup>  
So I thought the other  
must Be mislaid in  
some way so I would  
like to know the trouble  
Please reply  
yours truly Richard  
Hillier Spread Eagle Prints Boy

Cheque for \$18.00 was  
forwarded to the above  
address  
R.P.

December 27, 1928

Richard Millier,  
SPREADEAGLE, T.B.

Dear Sir :

With reference to your letter of December 17th. I beg to state that a cheque was posted to you from this office on Dec. 7th and it apparently has been mislaid somewhere in the mails.

If it does not turn up by the end of the month, write again and arrangements will be made to have duplicate issued.

Yours truly,

Lieut.  
For Paymaster.

June 13/19

ACCOUNT *Transf*  
 24744  
 OF MILITIA, INITIALS *Lee*  
 INC. CORP. - - - - - INITIALS  
 PAY TO ORDER The sum of *five* .....

\$5.00

Dollars and .....

The Department

OF MILITIA, INITIALS

Cents is due .....

*Mr. Evelyn*

George Sildo - 5086 for driving No. ....

Rank .....

*Pte*

Name .....

*Hillyard*

from .....

*Wes Harbour*

To .....

*Spent on*

*Certified correct*

*Act*



vouchers attached,

*J. J. Shaw*

Lieut

Demobilization Officer.



No. 3 625

TRAVELLING WARRANT

Date 9-6-19. The Royal Newfoundland Regiment

*General Indymion George*

Please issue 1st Class Passage and Meals for

*Bildo*

No. 5686 Rank. 1st Name Hilbyard

From ST. JOHN'S - To Spreadsagle <sup>AR</sup> 100

*New Harbour.*

The Royal Newfoundland Regiment  
DEPOT ST JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*J. A. Shaw*

SIGNATURE OF ISSUING OFFICER.

Detachment Officer  
Discharge Depot - Newfoundland

C. Hilliard

July 4, 1919

Dear Sir:

I enclose herewith cheque  
for \$ 5.00 amount due you for conveying  
# 5086 Pte. Hilliard from New Harbour  
to Spredaeagle.

Yours truly,

Capt.  
Paymaster

Mr. E. George,  
Dildo,  
T.B.

Army Form B. 103.

Regimental Number 5086**Casualty Form - Active Service.**Regiment or Corps 1st NewfoundlandRank Pte Surname Boilyard Christian Name CReligion Ep of E Age on Enlistment 22 years — monthsEnlisted (a) 16/5/18 Terms of Service (a) Duration Service reckons from (a) 16/5/18Date of promotion to present rank 16/7/03 1915 Date of appointment to lance rank —Extended  Re-engaged  Qualification (b) —or Corps Trade and Rate 2nd LtOccupation Fisherman W. L. Coy Signature of Officer.

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 ...			
		Disembarked ...		28 NOV 1918	
		Joined with		5 JAN 1919	
		Arrived in UK		12/1/19	

(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, Shooting-Smith, etc. (17591) W.L.W. 1287-P.1124, 1,000,000, 6/12, D &amp; S, Form B.103, (C. 1254.)

P.T.O.

Next of Kin: Father: Richard Boilyard: Squireville: F. Boy: N. F. S. D.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet end

Forms  
B 121.  
39.

Regiment of Royal Newfoundland

Signature of O. C. Company P. D. Duke Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5856</u> <u>Wiley and Cole</u>	Age on	<u>22</u> years / months	<u>fireman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>16.5.18</u>	<u>C of E</u>	
Joined		Date	Period of	Place of Birth	
Joined	Date	} with Colours <u>5 1/2</u> years.	<u>Spredagle, N.S.</u>		
		} 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>Demobilized</u>	<u>Spredagle</u>				<u>7/19</u>

To be carried over

# The Royal Newfoundland Regiment

## REMOBILIZATION OF

Reg. No. 5086 Rank Private Name Alexander Gable  
 Date of Enlistment 16-5-18 Address Spenceygate District Trinity  
 Occupation Soldier Classification for Discharge B7 Medical Category 1st  
 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 191E	/	do 2nd	" 3	cu
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 7-6-19 for Alexander Gable O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.  
 I am.....in a position to resume civilian occupation.  
at St John's  
with Alexander Gable

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.  
 Certified that Clothing Regulations have been complied with:—  
 (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied by Alexander Gable

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1110.3645 to his home at Squadra, family and Release Certificate No. 2474 issued.

Date 9-6-19 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 31-5-19

Date 1-1-19 J.A. Snowball  
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-6-19 J.A. Snowball  
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

R.H. Dainton

Date JUN 29 1919 O. C. Discharge Depot.

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

Date June 19/19 Jamieath Kt  
for Records

Reg. No. *5086* Rank *2nd* Name *William. Calh*  
Attested ..... Address *Spreadingale*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.1.19.*  
Returned on S.S. *Rossieau* Cause *Discharge*

*7-6-19* PASSED TO DEMOBILIZATION

*23-6-19* DISCHARGE APPROVED ON DEMOBILISATION





## 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 *Caleb Stilyard*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5056*

Intended address *Spread eagle, N.F.*

Height on discharge *5* Feet *7 1/2*

Color of hair on discharge *St Brown*

Complexion *fair (pecked)*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Richard*

Christian name of Mother *—*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Spread eagle, Oct. 31<sup>st</sup> 1896*

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)

*Caleb Stilyard*

*Plc*  
(Rank)

Station *ST. JOHN'S.*

Date

*6-4-17*

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



Station

Date