



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5310 Name John Huscroch Corps CofC

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <u>John Huscroch</u>  |
| 2. What is your full Address? .....  | 2. <u>Wimerton Bay</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>Disterner</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, John Huscroch .....

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.

John Huscroch SIGNATURE OF RECRUIT.  
Raymond Signature of Witness.

I, John Huscroch .....

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 made as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at Wimerton Bay on this 22 day of May 1915.

Signature of Attesting Officer W. Dickson

### † 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 approved by special authority, such will be attached to the original attestation.

Date May 22 1915 .....

Place Wimerton Bay .....

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) .....



Militia Department  
St Johns

C.R. 5310

Dear Sir will you please send  
to me my Regimental Ribbons

yours truly

me John Hiscock  
Winterton  
Trinity Bay

5310

C.R. 5310

Extract from Daily Orders Part II Unit The Royal Wfld. Regt  
St. John's ,Aug. 16th, 1919.

The discharge of the undernoted on demobilisation has been  
confirmed by officer i/c Records from 7-8-19

5310 Pte. J. Hiscock.



C.R. 5310

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

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

5310 Pte. J. Hiscock.

C.R. 5310

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

5310 Pte. J. Hiscock.

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

C.R. 5310

Extract from Daily Orders by Major M.S.Sullivan, Commanding  
~~2nd Newfoundland Forestry Company~~  
Commanding Newfoundland Forestry Companies, 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Nfld.  
Regt. is attached to the strength from this date and posted to  
"C" Co. for rations.

5310 Pte. J.Hiscock.

C.R. 5310

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

5310 Pte. Hiscock John.

CR. 5310

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, dated Sept. 9-18.

The undernoted man proceeded on Special Duty to Mount Pearl.  
9-9-18.

5310 Pte. J. Hiscock.



C.R. 5310

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,  
St. John's Sept. 24/18.

The following man returned from Special Duty at Mount Pearl.

19-9-18.

5310 Pte. Hiscock J.

C.R. 5310

Extract from Daily Orders part 11, from Unit The  
Royal Wfld. Regt. St. John's, dated August 12, 1918.

#5310 Pte. J. Hiscock.

Admitted to Barracks Hospital 12-8-18

C.R. 5310

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated August 2, 1918.

#5310 Pte. J. Hiscock.

Discharged from M.I.D. Hospital and admitted to 44 E  
Livingstone Street 2-8-18

C.R. 5310

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 15, 1918.

#5310 Pte. J. Hiscock.

Admitted M.I.D. Hospital 14-7-18

Extract from Daily Orders part 11, from Unit The Royal  
Wfld. Regt. St. John's, dated May 23, 1918.

#5310 Pte. John Hiscock.

Attested for General Service with the Royal Wfld. Regt.  
from 22.5.18



J. Hiscock.

C.R.

5310

L.H.O.



Hiscock, J

5310

Pay Rept.

August 7th 1919.

~~#3558.~~

#5310, Pte J. Hiscock,  
Winterton. T.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3558.

Yours truly,

Capt. &  
Officer i/c Records.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5310 Rank. Pte Name. Hiscock J  
 Intended place of residence. Winkerton

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

3. The above named man is discharged in consequence of

**DEMOBILIZATION**  
**Eligible for War Service Gratuity**

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

Place, ST. JOHN'S

Date JUL 10 1919

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 10 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 10.7.19

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service. 22.5.18. No. of days on Military  
 Discharged from service. 24.7.19. Plus 14 days Service. 443.

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 24 1919

*[Signature]*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 7/1919

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

AD 1320791 25-58

10  
20  
31  
7  
78



# The Royal Newfoundland Regiment

Class for Demobilization:

*16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *8.7.19* .....

Regimental No. ... *5310* .....

Name ..... *Hiscock John* .....

Address ..... *Whitton* .....

Present Medical Category..... *A1* .....

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

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

*R.H. Lat Major*  
O.C. Discharge Depot.

Members of Board

*W. P. O. O. M. O.*  
Senior Medical Officer

*W. O. B. O. M. O.*  
M. O. Depot

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5310 Rank Plt Name Ascock J  
 Date of Enlistment 22-5-18 Address Wantedon District St. John's  
 Occupation Fisherman Classification for Discharge 1 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 8.7.19 O. C. Discharge Depot. [Signature]

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*John Mark Ascock with wife*

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 \_\_\_\_\_

Date 10-7-19 O j/c. Re-clothing. [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92358 to his home at Princeton and Release Certificate No. 3418 issued J.A. Snowlett

Date 10-7-19 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 7-8-17

Date 10-7-19 Depot Paymaster. J.A. Snowlett

Discharge approved for 29-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	2 Fam B
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 10-7-19 Demobilization Officer. J.A. Snowlett

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919 O. C. Discharge Depot. N.R. Cooke Capt.

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.

Hiscock J.

Signature of Man.

Reg. No. 3310

J. H. Brown

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

10-7-19

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## 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.

Hiscock J.

Signature of Man.

Reg. No. 3310

J. J. Snowcept  
Signature of the Vocational Officer or his Representative.

Place  
at Johns

Date  
10-7-79

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## 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.

Hiscock J.

Signature of Man.

Reg. No. 3310

Signature of the Vocational Officer or his Representative.

Place

Date

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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

*Hiscock*

Christian Name

*John*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*St. John's Nfld.*

County

*Nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>22</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
Declared Age	at <i>St. John's</i> <i>20</i> years	at	years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet <i>11</i> inches		feet	inches
Weight	<i>121</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>34 1/2</i> inches		inches
	Range of Expansion	<i>3 1/2</i> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)	<i>Lambert</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St. John's</i>	at		
	on <i>22</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>The Royal Nfld Regt 5310</i>			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)			day of	191
(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 case of syphilis, admissions and re-admissions to hospitals 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				
<i>W. S. D. Hospital</i>	<i>14</i>	<i>7</i>	<i>18</i>	<i>1</i>	<i>8</i>	<i>18</i>	<i>Mumps</i>	<i>18</i>	<i>Discharged to quarters without quarantine</i>	<i>Sgt Gordon</i>





NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P, or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5310* 3. Rank. *Plt*
4. Name *Michael John*  
(Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on ..... at .....  
in category (or grade) .....
7. Former Trade } *Tradesman*  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court  
(d) Date of Discharge ;  
(e) Cause of Discharge.  
(d) Particulars of Pension or Gratuity  
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | ✓                   |                   |
| (ii.) Previous active service..                          |                     |                   |
| (iii.) Climate in pre-war service                        |                     |                   |
| (iv.) Ordinary military service before the war           |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. |                     |                   |

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

*All Complaints of no Disability*

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

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

*Repatriation*

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

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

*U.S. Procurement, Capt. Rame*

Station *Hazey Down*

Medical Officer-in charge of case.

Date *9/4/19*

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



# 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 *Hiscock, John*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5310*

Intended address *Winterton W.B.*

Height on discharge *5* feet *6*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Muscled*

Christian name of Father *Albert*

Christian name of Mother *Rebe*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Winterton 17 Aug. 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) *John Hiscock* Witness *[Signature]* (Rank) *[Signature]*

Station **ST. JOHN'S.** Date *5-7-19*

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



Medical Officer i/c Hospital, Unit, or Command Depot.

Station \_\_\_\_\_ Date \_\_\_\_\_



August 15, 1919

Mr. John Hiscock,  
Winterton, 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 War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... John ..... 2. Surname..... Hiscock .....  
3. Rank..... Pte ..... 4. Regtl. No..... 5310 .....

5. Address in full to which future payments of gratuity are to be forwarded..... Winterton S.B. .....

6. Date of enlistment in the Regiment..... May 22/18 .....

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

8. Relationship of such dependents.....

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

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

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

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



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

..... no .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... no .....

15. Have you been issued with a War Service Badge?.....

16. Have you, during the present war, served in the Imperial Forces. >

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.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

19. Are you now serving in the R.A.F.? no If not give:- (a) Date of discharge. July 24/19 (b) Reason for discharge.....

Demobilization

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

England

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

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

Signature of Applicant: *John + his (Witness) [Signature]*

Place of Residence: *Winterton N.B.*

Declared before me at: *St John's nfd*

This 10 day of *July* 19.19....

Signature of Barrister of the *John M. Carthy*  
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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





December 9, 1919

Ex. Pte. J. Hiscock,  
Winterton,  
T.B.

Dear Sir:

I enclose cheque  
for \$70.00, balance of War Service Gratuity  
due you, please.

Yours truly,

Lieut.  
For Paymaster.

*J. C. B.*

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.


PAY VOUCHER.

\$ 70<sup>00</sup>

Dec 9 19 19

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
~~on account~~ of Pay. W. L. G.  
balance

Ch. No.	21636	Initials	EW
Pay Ledger	199	Initials	WR
Gen. Ledger		Initials	

Regtl. No.  Rank



No. 5310

Rank

Ct

Name

J Huscock

Wentworth

C.A. 5310

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL 1914-1919

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I certify that I have received a issue of  $\frac{3}{4}$  inches  
of Riband of British War Medal-1914-1919.

NAME..... *John Hiscock* .....

(Date)..... *October 22nd 1919.* .....

(Place)..... *Winterton Lincs.* .....



Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

**ST. JOHN'S, Nfld.**



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Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ **British War Medal**  
is/are forwarded herewith to

John Hiscock

in respect of his service as No. 5310 Rank Pte.

Name J. Hiscock Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

John Hiscock

Date

October 17, 1921

Address

Winterton T. Bay

[P.T.O.]

meditation S.B.



## The Royal Newfoundland Regiment

### DEMOBILIZATION OF

Reg. No. 5310 Rank Plt. Name Harold J. ...  
 Date of Enlistment 22-5-18 Address Winterton District Trinity  
 Occupation Historian Classification for Discharge F Medical Category H.S.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents—

N.F. Pj36. ....	B 268. ....	B 121. ....	N.F. Med. ....	D.F. 1. ....
B 178. ....	W 3494. ....	B 122. ....	Board 1st. ....	" 2. ....
B 178a. ....	D 400A. ....	B 1915. ....	do 2nd. ....	" 3. ....
B 179. ....	D 400B. ....	Form L. ....	do 3rd. ....	" 4. ....
B 179a. ....	D 400C. ....	Form K. ....	do 4th. ....	" 5. ....
B 179b. ....	B 103. ....	ME 2. ....		" 6. ....
B 179c. ....	B 120. ....	M 93. ....		

Date 8.7.19 O. C. Discharge Depot Miss H.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

John <sup>his</sup> ~~mark~~ <sup>discipline</sup> with wife.

Particulars passed to Vocational Officer for information and action.

Date ..... 8.7.19

**2. Clothing.**

Certified that Clothing Regulations have been complied with—

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

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



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92358 to his home at Princeton and Release Certificate No. 3418 issued.

Date 10-7-19 *J.A. Knowlton*  
Demobilization Officer

4. Pay and Allowances.

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

Date 10-7-19 *J.A. Knowlton*  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st.	" 2	1/2
B 178a	1 D 400A	1 B 1915		do 2nd.	" 3	2 Form B
B 179	D 400B	Form L		do 3rd.	" 4	
B 179a	1 D 400C	Form K		do 4th.	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 10-7-19 *J.A. Knowlton*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 24 1919

Date ..... *N.R. Cooke Capt*  
O. C. Discharge Depot.

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

Date July 30/19 *3/1 X*

Reg. No. *1310* Rank *44* Name *Husock J.*

Attested ..... Address *Wilmington*

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas *JUL 1 1919*

Returned on S S *Castaluba* Cause *Discharge*

*1079*  
*2279*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 5310

Army Form B. 179A.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

# Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundlands* } 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5310* 3. Rank *PLC* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Niscock* } *J. Hall* } (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *31*
6. Posted for duty on ..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity.  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |   | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war                     | .....               | .....             |
| (ii.) Previous active service                           | .....               | .....             |
| (iii.) Climate in pre-war service                       | .....               | .....             |
| (iv.) Ordinary military service before the war          | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*No Complaints at no disability*

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

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

*Rehabilitation*

*W. F. Procter* *Capt*  
*Rumme*

Medical Officer in charge of case.

Station *Hazley Barr*

Date *9.4.19*

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

C.R. 5310

October 29th, 1921

No. 5310 Ex-Pte. J. Hiscock,  
Winterton, T.E.

Dear Sir:-

I am returning herewith Receipt in respect of  
the British War Medal received by you. Will you be good  
enough to sign it and return to this Department.

Yours faithfully,

Lieut.

O/C Records.