



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5347 Name William Hiscob Corps Inf.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>William Hiscob</u> |
| 2. What is your full Address? | 2. <u>Westerly Bay.</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>fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning. and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, William Hiscob do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Hiscob SIGNATURE OF RECRUIT.

W. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Hiscob do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 23 day of May 1915.

W. B. Dick's 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 1915 } Approving Officer.
Place

† 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)

C.R. 5347

Extract from Daily Orders Part 11 Unit The Royal HFLC.
Regt. St. John's, July 4th, 1919.

The discharge of the undemoted on decubilitation has been
APPROVED by C.O. Discharge Depot with effect from 2-7-19

5347 Pte. Wm. Hiscock.

CR 5347

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

Date June 7th 1919

5347 Pte. Wm. Hiscock.

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

RE "Corsican"

C.R. 5347

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot, St. John's, June 9th. 1919

The discharge and demobilisation of the undernoted has been
APPROVED by C.O. Discharge Depot with effect from the Fol-
lowing date 18-6-19.

5347 Pte. Wm. Hiscock.

C.R.

5347

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

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

#~~5457~~ Pte. W. Hiscock.

5347

C.R. 5347

Extract from ~~Naval~~ Roll of Draft No. 56, from the 2nd., Battalion
of the Newfoundland Regiment, Winchester to the 1st., Battalion of the
Regiment, B. E. F., Embarked Southampton 23/11/18.

#5347 Pte. W. Hiscock.

C.R. 5347

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

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

#5347 Pte. William Hiscock.

C.R. 5347

Extract from Daily Orders part 11, from Unit The Royal
1216 Regt. St. John's, dated May 25, 1918.

#5347 Pte. William Hiscock.

Attested for General Service with the Royal 1216 Regt.
from 25.5.18

W. Hiscock.

C.R. 5347

1890

Medical Report on an Invalid.

Station

Hazelby D. Camp

Date

30-4-19

1. Unit

Royal Newfoundland

2. Regimental No.

5347

3. Rank

1st Lt

4. Name

Abiscock William

5. Age last birthday

23

6. Enlisted

{ on

May 23/18

{ at

St Johns

7. Former Trade }
or Occupation }

fisherman

7a. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

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

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*

Repatriation

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

Sgt W F Procunier Capt R.A.M.C.
Officer in medical charge of case.

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

Station *Wingfield Camp*
Date *30-4-19*

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.

Wiscok, D^g

5347

Ray sept.

July 2, 1919

#5547 Pte. William Hiscock,
Winterton, T.E.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 2311."

Yours truly

Wymaster & Co. i/c records.

Captain,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3347 Rank Pl. Name Hiscock ^{N 100}
 Intended place of residence Winterton 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
 Date JUN 4 1919 *J. M. Stewart*
 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 *H. P. Hiscock*
 Signature of soldier
JUN 4 1919 *J. M. Stewart*
 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 *H. P. Hiscock*
 Signature of soldier
4-6-19 *James O'Rueman*
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No of days on Military
 Discharged from service 18-6-19 *plus 14 days* Service 406

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 *R. H. Latent*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 18 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed *M. Bowley Capt*
 Place St. John's, Nfld Officer in Charge Records
 Date July 2, 1919 The Royal Newfoundland Regiment

2782079/2311

The Royal Newfoundland Regiment

Class for Demobilization:—

F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11-5-19*

Regimental No. *5347*

Name *Alcock William* *Pte.*

Address *Winton*

Present Medical Category..... *A-1*

Recommended for:— (a) Immediate discharge

(b) Standing Medical Board.....

*It is hereby certified that this soldier
has been before a Travelling Medical
Board and has been examined as
..... for Discharge on Demobilisa-
tion. Medical category*

Members of Board

Date of T.M.B. _____

Captain
Assistant Adjutant
Discharge Depot-Headquarters

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

L. Patterson
Senior Medical Officer

Sec Borden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5347 Rank Plt Name Hiscocks, Wm
 Date of Enlistment 23.5.18 Address Winkleton District Imperial
 Occupation Sherman Classification for Discharge C 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. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 4.6.19O. C. Discharge Depot. Hiscocks

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 Alm. C. Co. St.

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1398g.529 to his home at Winterton, Lincolnshire and Release Certificate No. 2260 issued.

Date 4-6-19

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 1-7-19

Date 4-6-19

H.M. Smith
Depot Paymaster.

Discharge approved for.....

18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.....	B 268.....	B 121.....	1/	N.F. Med.....	D.F. 1.....	1/
F 178.....	W 3494.....	B 122.....	1/	Board 1st.....	" 2.....	1/
B 178a.....	D 400A.....	B 1915.....	1/	do 2nd.....	" 3.....	2 Form B
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 4-6-19

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 18 1919

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

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

Date

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

MEDICAL HISTORY

Surname Kiscoer OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Winston B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at		at	
Declared Age	years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	feet	inches	feet	inches
Weight	lbs.		lbs.	
Chest Measurement	Girth when fully expanded	inches	inches	
	Range of Expansion	inches	inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		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>Lambert</u>			
(Rank)				
Enlisted	at		at	
	on	day of	on	day of
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal 311</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazeley Boon

Date 30/24/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 5347
- 3. Rank plc
- 4. Name Hiscock William
- 5. Age last birthday 23
- 6. Enlisted { on May 23/15
at St Johns
- 7. Former Trade or Occupation } Fireman
- 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.

} n-a.

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.E. Proenier.

Capt Rome

Officer in medical charge of case.

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

Station *Hazleydown*

Officer in charge of Hospital.

Date *30/4/19*

*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.

Casualty Form Active Service

Regiment or Corps R. Newfoundland
 Rank Pte Surname Discock Christian Name Wm
 Religion Methodist Age on Enlistment 22 years — months
 Enlisted (a) 23/5/18 Terms of Service (a) Duration Service reckons from (a) 23/5/18
 Date of promotion to present rank 18/9/1918 Date of appointment to lance rank —
 Extended { Re-engaged { Qualification (b) —
 or Corps Trade and Rate —
 Occupation Fisherman Signature of Officer. M. Long

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... Joined Batt.		28 NOV 1918 5 JAN 1919	
		Arrived in UK		13/4/19	

(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, Signal Station, (17591.) Wt. W. 1887 - P. 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Next of Kin: Father Discock Winstown Trinity Bay N. E. L. D.

July 2, 1919

#5347 Pte. William Hiscock,

Winterton, 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 Gratuity.

Yours truly

Captain,
Paymaster & O.i/c records.

457

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. *William* Surname. *Hiscock*

3. Rank. *No* 4. Regt. No. *5347*

5. Address in full to which future payments of gratuity are to be forwarded. *William Hiscock Whiterton St. B.*

6. Date of enlistment in the Regiment. *May 23rd 1918*

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?.....

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.....

From May 23rd 1918

to June 4/19 date of compulsory discharge

.....

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

No.....
.....
.....

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

Clothing allowance + back pay 80.19.....
.....

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 Regt.? *No*..... If not give:- (a) date of discharge *June 4/19*..... (b) Reason for discharge.....

Temporary..... *Demobilization*.....
.....

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

France Belgium Germany - From Nov. 24/18 to April 28/19.....

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

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

Signature of Applicant: *William Hiscock*
 Place of Residence: *Wilmington, J.B.*
 Declared before me at: *N. John, Nfld*
 This *5th* day of *June* 19*19*....
 Signature of Barrister of the
 Supreme Court, Esq. and/or Notary Public, Justice of the
 Peace, or Commissioner of Affidavits. *John McCarthy*

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

Receipt for Army Book 64

No.....*5347*.....Name.....*Ascock*.....

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

Name.....*H. Ascock*.....

Date.....*12/7/20*.....

Place.....*Winterton*.....

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Signature of O. C. Company R. B. Dicks Lieut

Number of Sheet 011

Regimental Number and Name	
No.	<u>5347 Hescroth Wm</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on <u>22</u> years <u> </u> months	Trade <u>Jubdeane</u>
Place and Date of Enlistment <u>St. John's</u> <u>23 8 18</u>	Religion <u>Meth.</u>
Period of } with Colours <u>14 1/2</u> years.	Place of Birth <u>Wentworth N.B.</u>
} with Reserve <u>3 1/2</u> years.	

Good Conduct Badges, Service pay or proficiency pay	

Place	Date of Offence	Rank	Cases of Disqualification	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>2</u>	<u>7</u>		<u>19</u>
To be carried over.									

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5347 Rank. Plt Name Hiscocks, Wm
 Date of Enlistment 23.5.18 Address W. W. Street District Trinity
 Occupation Fisherman 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	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L.	do 3rd.	" 4.
B 179a	D 400C	Form K.	do 4th.	" 5.
B 179b	B 103	ME 2.		" 6.
B 179c	B 120	M 93.		

Date 4.6.19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am now in a position to resume civilian occupation. H. Hiscocks

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 4-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *B-1398-g-5247* to his home at *Winterton Trinity* and Release Certificate No. *2260* issued.

Date *4-6-19*

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 *1-7-19*

Date *4-1-19*

J.A. Snow Capt
Depot Paymaster.

Discharge approved for *18-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date *4-6-19*

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 18 1919*

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

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

Date *June 12/19*

Jamethoth for O.C. Records

Reg. No. *1347* Rank *1st* Name *Stewart, W. S.*
Attested Address *Wetherston*
Allotment Allottee
Date of Allotment Returned from Overseas *29. 1. 19*
Returned on S.S. *Cossican* Cause *Discharge*

2-6-79
188-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.



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 Office 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 *William Hiscock*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5347*

Intended address *Winterton I.R.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Normal*

Christian name of Father — *(Dead)*

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 *Winterton, Sept 24, 1895*

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) *William Hiscock*

(Rank) *Pte*

Station *St John's*

Date *4-6-19*

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

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