



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5460 Name Wilfred Hodder Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wilfred Hodder
2. What is your full Address? 2. Swilling St.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Clark
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Yes 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. Yes

I, Wilfred Hodder 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.

Wilfred Hodder SIGNATURE OF RECRUIT.
W. J. Raymond Signature of Witness.

I, Wilfred Hodder 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 at on this 27 day of May 1915

Signature of Attesting Officer Archie Leitch

CERTIFICATE OF APPROVING OFFICER.

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

Date 1915

Place } Approving Officer.

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

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

C.R. 5460

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

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/o records from 7-9-19

5460 Pte. W. Hodder.

C.R. 54 60

Extract from Daily Orders Part 11 Unit The Royal Rif. 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.

5469 Pte. W. Hodder.

C.R. 5460

Extract from Daily Orders Berwick Unit The Royal Nfld.
Regt. St. John's July 3rd 1919.

5460 Pte. W.R.Hodder.

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

C.R. 5460

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

The followin man embarked for overseas on H.M.S.
"Columbelle" July 22, 1918.

#5460 Pte. Wilfred Hoader.

C.R. 5460

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 29, 1918

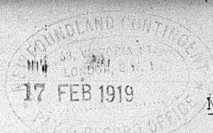
#5460 Pte. Wm. Hodder.

Attested for General Service with the Royal Nfld. Regt.
from May 27th, 1918

W. Hodder

5460

P. & R. P



N.F.P./79.

No. 2395/355

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2nd/Bn. Ryl Nfld Regt.

Winchester.

P.D.
067179
12/2/19

11th February 1919

February 14th 1919

5460. Pte. W. Hodder.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (11)

Kearney Capt.

LIEUT. COLONEL.

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5460. Hodder.

£6.0.0.

Received the sum of Six pounds

Cheque **£6.0.0.** is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

_____ in respect of

telegraphic remittance from the Minister of Militia.

A.O. Minns Maj.
Chief Paymaster & O. i/c Records.

W.R. Hodder.

No. 5460 Rank Private

Witness M. Rockett

No. 6839/1087



N.F.P. 170.

From: NEWFOUNDLAND CONTINGENT

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

To: Office Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester.

8th May 1919

May 13th 1919.

5460 Pte. W. Hodder

With reference to the following telegram from the Minister of Militia 173 / 19 (173):

Receipt hereunder.

Handwritten signature: A. C. H.

LIEUT. COLONEL,
OFFICER COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5460 Pte. W. Hodder
£5. 0. 0.

Received the sum of Five pounds

Cheque £5. 0. 0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

_____ in respect of telegraphic remittance from the Minister of Militia.

Handwritten signature: W. Hodder

W R Hodder

Chief Paymaster & O. i/c Records.

No. 5460 Rank Private

Witness: M. Rockett

No. 21640/2522/P.&.A

21640 7570 06644 1979
NEWFOUNDLAND CONTINGENT
RECORD OFFICE

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding
2/Bn. Royal ~~Irish~~ Regt.,
Hazeley Down Camp,
Winchester.

30th December, 1918

2-1-1919

Subject: 5460, Pte. W. Hodder,

Receipt hereunder.

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

Chambers

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

"Pay to 5460 Hodder, £8.0.0.

Received the sum of Eight

Pounds on account of

Draft £8.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

cable remittance from Newfoundland.

W. Hodder.

F. H. Marshall
Chief Paymaster & O. i/c Records.

No. 5460 Rank Pte

Witness A Marshall

(D)

MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> .
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and <i>vice versa</i> .
11.	Take a bearing with a compass and measure it on a map with protractor.

SIGNAL TRAINING. STANDARD TESTS.

1. Accept a message including counting and filling in preamble.
2. Fill in Sent Column on message form.
3. Fill in Signal Register.
4. Fill in Received Column on message form.
5. Send and receive a verbal message on the telephone.
6. Call up with (a) flag, known and unknown station.
(b) buzzer.
(c) ringing phone.
7. Put through a call on a 4 plus 3 switch unit.
8. VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9. " " " caller. " " "
10. " " " writer. " " "
11. " " " answerer. " " "
12. " " " answer-reader. " " "
13. " " " sender. " " "
14. LUCAS LAMP. Set up and align.
15. " Replace cells.
16. " Connect up cells.
17. " Trace the electric circuit with a view to locating a fault.
18. " Change a bulb.
19. " Change nightshades.
20. " Test flexible cord.
21. TELESCOPE. Set up on stand and align.
22. " Focus on a blue flag unreadable to the unaided eye and read a message.
23. HELIOGRAPH. Set up and align with vane.
24. " Change to duplex and align.
25. " Regulate the beat.

ELECTRICAL INSTRUMENTS TESTS.

- | | |
|---|--|
| <p style="text-align: center;">CELLS.</p> <ol style="list-style-type: none"> 1. Render active. 2. Connect in series and parallel. <p style="text-align: center;">TELEPHONE D. III.</p> <ol style="list-style-type: none"> 3. Connect and insert cells and cell connections. 4. Test instrument. 5. Localise and remedy the following faults:—
(a) Adjustment of buzzer.
(b) Dirty key contact.
(c) Dirty Pressel switch contact.
(d) Receiver discs and washers.
(e) Microphone capsule. 6. Connect up earth return, metallic return, and use of condenser terminal. <p style="text-align: center;">FULLERPHONE.</p> <ol style="list-style-type: none"> 7. Connect and insert cells and cell connections. 8. Test instrument. 9. Localise and remedy the following faults:—
(a) Adjust No. 1 or (A) contact of armature.
(b) Adjust No. 2 or (B) contact of armature.
(c) Dirty contacts. <p style="text-align: center;">VIBRATOR, R.A.</p> <ol style="list-style-type: none"> 10. Connect up hand set and cell connections. 11. Test instrument. 12. Localise and remedy the following faults:—
(a) Adjustment of buzzer.
(b) Dirty key contact.
(c) Dirty Pressel switch contact.
(d) Receiver disc and washers.
(e) Microphone capsule. 13. Connect up earth and metallic return. | <p style="text-align: center;">MISCELLANEOUS.</p> <ol style="list-style-type: none"> 14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption. 15. 4 plus 3 Buzzer Unit. Connect up. <p style="text-align: center;">LINEMAN'S DUTIES.</p> <ol style="list-style-type: none"> 16. Identify lines by labels. 17. Draw and explain a simple circuit diagram. 18. Draw and explain a simple route diagram. 19. Make a reef knot, barrel hitch and clove hitch. 20. Joint and insulate (a) D. II. } Single or
(b) D. III. } Twisted.
(c) D. V. }
(d) D. twin Mk. III. 21. Make simple joint in enamelled wire or single airline. 22. Lay cable (a) in open country.
(b) in trenches. 23. Tap in on (a) metallic circuit,
(b) earth circuit,
and determine on which side the fault is. 24. Test with Q. and I. detector—
(a) cells;
(b) a circuit, for disconnection earth and contact;
(c) In order to pick up wires in a rope. |
|---|--|

* R.A. only.

This space to be pasted in A.B. 64.

SIGNALLER'S RECORD SHEET.

Rgtl. No. 2460 Rank R/S Name & Initial Hodder W.R.
 Unit Royal Newfoundland Regt.

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all Standard Tests
Whitty Capt.

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	98%	99%	98%	99%	%	
Reading ...	98%	99%	100%	99%	%	

* R.A. Signallers only.

Classified as 1st Class Signaller at Hayley Down Camp
 Date 9/12/18 Signature of Classifying Officer *Whitty Capt.*
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses _____

Other qualifications _____

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

Hodder, W.

5460

Ray Dept.

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

MEDICAL HISTORY

Surname Hooper OF Christian Name J. Hooper

Table I.—GENERAL TABLE.

Birthplace:—Parish Wellington County Geo.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	27 th day of May 1918	Sejovis.	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	Labourer			
Height	5 feet 8 ¹ / ₂ inches		feet	inches
Weight	105 lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	35 ¹ / ₂ inches		inches
	Range of Expansion	5 ¹ / ₂ inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number	Number	Number	Number
When Vaccinated				
Vision	R.E.—V=	4/6 4/6	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>Samuel Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	Sejovis.	at	
	on	27 th day of May 1918	on	day of 191
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	Royal New Regiment. 5460.			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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.

W. Hoddes

Signature of Man.

Reg. No. 3460

J. J. Shoveloff

Signature of the Vocational Officer or his Representative.

Place

St John

Date

11-7-19.

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2460 Rank Pls Name Holder W
 Date of Enlistment 27-5-18 Address Pullinagar District S. Galt
 Occupation Clerk Classification for Discharge F1 Medical Category JH
 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
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 8-7-19O. C. Discharge Depot. #11111111

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Holder

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

(b) ~~Clothing Supplied~~

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192391 to his home at Willingale and Release Certificate No. 3413 issued.

Date 10-7-19

J. A. Snowcraft
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 7-5-19

Date 10-7-19

1771/10/19
Depot Paymaster.

Discharge approved for 29-7-19

Forwarded with following documents to O.C Discharge Depot.

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 10-7-19

J. A. Snowcraft
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 JUL 24 1919

D. R. Cooper, Capt.
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: *B*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5460*

Name *Hodder, Wilfred*

Address *Surrellgate*

Present Medical Category *A 1*

Recommended for:— { (a) Immediate discharge

(b) Standing Medical Board

Members of Board {

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

H. Paterson
Senior Medical Officer

S.W. Berden
M. O. Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3460 Rank. Pte Name. Hodder W
 Intended place of residence. Tulligals

2. Occupation clerk
 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 JUL 10 1919

Mrs. H.
 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

W. Hodder
 Signature of soldier

J. A. [unclear]
 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

JUL 10 1919

Date

W. Hodder
 Signature of soldier

James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 27-5-18 No. of days on Military
 Discharged from service. 24-7-19 Plus 14 days Service. 438

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

Date

L. R. Coole, Capt.
 Officer in Charge Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

M. Bowley, Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment

W. Hodder
 15079 / 1339

5
20
31
7
93

August 7th 1919.

#5460, Pte.W.Hodder,

Twillingate.

Dear Sir:

Enclosed please find Discharge Certificate
3559.

Yours truly,

Capt.&
Officer i/c Records.

RS/.



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 *Wilfred Hodder*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5460*

Intended address *Swillingate*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Edgar*

Christian name of Mother *Emmie*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Swillingate 4-2 age. 20-1899*

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) *Wilfred Hodder*

(Rank) *Plt*

ST. JOHN'S.

Station

Date *July 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

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 N.F.S.D.*
2. Regtl. No. *2466* 3. Rank. *P.L.S.*
4. Name *Headley* *Wilfred*
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *Artist.*
- 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? (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, 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.)

He complains of 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.

repatriated

W.E. Procmies. half name

Station *Hazdosporen*

Medical Officer in charge of case.

Date *2-4-19*

* 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

August 15, 1919

Mr. W. Hodder,
Twillingate.

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.

5

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 26th. 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..... *W* 2. Surname..... *Hadder*
3. Rank..... *Pte* 4. Regtl. No..... *5460*
5. Address in full to which future payments of gratuity are to be forwarded..... *Inverigate*
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?..... *no*
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in field or Overseas..... *Fifteen months*
- 1. $\frac{1}{2}$

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?
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 Res? If not give? - (a) Date of discharge *July 24/19* (b) Reason for discharge *Remobilization*

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.
Eng. Coast

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: *W. Hoddes*

Place of Residence: *Twillingate*

Declared before me at: *St Johns*

This *10* day of *July* 19*19*....

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

POST DISCHARGE PAY.

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

Certified correct.

Signature

June 30, 1919

The Bank of Nova Scotia,
C i t y.

Dear Sirs:

With reference to your
letter of May 6th. enclosing cheques for
\$34.56 and \$24.83, I have cabled £7 to No. 4217
Samuel Steed, and £5 to No. 5460, Ray Hodder.

Yours truly,

Lieut.
For Paymaster.

C.R. 5460

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919. *

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

Name... *Walfred R. Hodder. (5460)*
Pte.

Date... *Nov 27... 1919*
Place... *27 278... George St*
Toronto, Ont
Canada

(Twillingate afd)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

The Royal Newfoundlands.

Number of Sheet

One.

Signature of O. C. Company

C. S. Dicks
Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	5460	Age on	19	years		
	Mr James Hodder					
Joined	Date	Place and Date of Enlistment	St John's			
Joined	Date	Period of	with Colours	with Reserve	Religion	
Joined	Date					1/15/72
Joined	Date			Place of Birth		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St John's		7 5/19			

To be carried over.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5460 Rank Priv. Name Hodder W.
 Date of Enlistment 27-5-18 Address Tillingate District St. John's
 Occupation Clerk Classification for Discharge FE Medical Category PH
 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 J. Muns H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. Hodder

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

(b) Clothing Supplied _____

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192391 to his home at Willifgate and Release Certificate No. 3413 issued.

Date 10-7-19

J. A. Howcroft
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 7-5-19

Date 10-7-19

J. A. Howcroft
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	1	Board 1st.	" 2.	1
B 178a	D 400A	B 1915	1	do 2nd.	" 3.	2
B 179	D 400B	Form L	1	do 3rd.	" 4.	1
B 179a	D 400C	Form K	1	do 4th.	" 5.	1
B 179b	B 103	ME 2	1	" 6.	" 6.	1
B 179c	B 120	M 93	1			

Date 10-7-19

J. A. Howcroft
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 JUL 24 1919

L. R. Corbett
O. C. Discharge Depot.

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

Date July 30 1919

J. A. Howcroft

Reg. No. *4660* Rank *Pte.* Name *Headey W.*

Attested Address *2 Millingale*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S. *Cassandra* Cause *Discharge*

1079
2nd 7-9

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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.....
2. Regtl. No. *5460* 3. Rank.....
4. Name *Madwar W.*
(Surname) (Christian Names)
5. Age last birthday *20*.....
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?
9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court
7. Former Trade } *Clerk*
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
(b) Date of Discharge ;
(c) 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 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.
12. Place of origin of disability.
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*
nil
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 ? } *The complainant 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 ?

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.

Repatriation

W.E. Procmier. Capt R.A.M.C.

Station *Hazley Bown*

Medical Officer in charge of case,

Date *2/4/19*

* 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