



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5399 Name Frederick Hodder Corps SA

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Frederick Hodder
2. What is your full Address? 2. Salt Lake, Newport
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. Glazier
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. 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, Frederick 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.

Frederick Hodder SIGNATURE OF RECRUIT.
24/5/18 J. P. Dayman Signature of Witness.

SWORN TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frederick 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 on this 24 day of May 1918.
 Signature of Attesting Officer C. P. Dicks Recd.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.
 Date 191
 Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5399

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

Name Fred Hadden
 Apparent age 19 years months Height 5 feet 11 inches
 Chest Measurement { Girth when fully expanded 37 inches
 { Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Harry Hadden
321 King Street Relationship Yater

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or L'epot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|--|----------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards British engagement reckons from <u>24-5-18</u> | | | | | | | | | |
| Joined at <u>St. Albans</u> on <u>May 24-1918</u> | | | | | | | | | |
| <u>Discharged July 18-1919</u> | | | | | | | | | |
| <u>Embarked St. Albans St. Columba to Halifax N.S. 22 7/8</u> | | | | | | | | | |
| <u>Discharged by Central Military Dep. Halifax and proceeds to depot 4 1/2</u> | | | | | | | | | |
| <u>File for demobilization 22-5-19</u> | | | | | | | | | |
| <u>Arrived Hqs. 1-6-1919</u> | | | | | | | | | |
| <u>Demobilization St. Albans 18-7-1919</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to <u>18-7-1919</u> (date of discharge) | | | | | | | | | |
| Pensions " " " " " " " " " " " " | | | | | | | | | |

1 years 56 days

C.R. 5399

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 23/19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer I/C Records from 18-7-19.

5399 Pte. Fred. Hoddinott.

C.R. 5399

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 4-7-19.

5399 Pte, F. Hoddinott.

C.R. 53991

Extract from casualties received from Pay & Record
Office, London, 7 Oct. 1918.

5399 Pte. F. Hoddinott.

Was discharged from the Central Military Hospital
Chatam, 4-10-18 and proceeded direct to Depot. This man
was admitted from Major's Carty's draft.

MM.

C.R. 5399

Extract from Daily Orders Part A1 Depot, St. John's,

Date

June 18th 1919.

5399, Pte. S. Hoddinott.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5399

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

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


#5399 Pte. Frederick Hoddinott.

C.R. 5399

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regt. St. John's, dated May 27th, 1918.

#5399 Pte. F. Hoddinott.

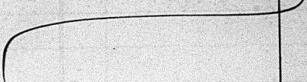
Attested for Generaly/Sergice with the Royal Wfld. Regt.
from 24.5.18.



F. Hoddinott

5399

P. S. R. 0



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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5399* 3. Rank. *4th E.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hodder* *Frederick* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on *May 21/18* at *St. John's* 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
- (b) Where
- (c) Opinion of Court
- (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 general 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.

Relict

Contracted malaria on voyage across and was put in Grosvenor. Transferred to Fort Pitt station. From which discharged. Mitose normal, and no appearance of typhoid. on joining Depot found to be Flat Chests, rapidly acting heart, and getting quickly out of breath, and was turned down a couple of days.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | No | No |
| (ii.) Previous active service.. .. . | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Ordinary negligence or misconduct on the man's part. } | No | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *Constitutional*

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.)

*May 1st Chested not now
anemic
anemic. Heart action
Steady, Lung Condition improves
Contribution blood.*

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
mm
Major J. J. J. J.
Horne

Station .. *Hazelton*

Date .. *8/14/19*

Medical Officer in charge of case.

* 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

No 3613/660

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/Btn. Rpyal Nfld. Regiment
Winchester

6th March 1919

5399 Pte. Hoddinott F.

With reference to the following
telegram from the Minister of
Militia / / (62)

"Pay to- 5399 Hoddinott
£2. 1. 0.

Cheque £ 2. 1. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Chief Paymaster & O. i/c Records.



Koch 7th 1919

Receipt hereunder.

J. J. Barton
OFFICER COMMANDING 2ND BATTAL NEWFOUNDLAND REGT.
NEUT. COLONEL

Received the sum of *Two Pounds*
one Shilling in respect of
telegraphic remittance from the
Minister of Militia.

Fredrick Daddington
No *5399* Rank *Private*
Witness *W. Hackett*

B

No. 2231/324

NEWFOUNDLAND CONTINGENT
60, VICTORIA ST.
LONDON, S.W. 1
14 FEB 1919
N.F.P./79.

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.

10th February 1919

5399. Pte Hodinott F.

With reference to the following
telegram from the Minister of
Militia / / (7)

"Pay to-5399 Hodinott.

£7.0.0.

Cheque £ 7.0.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Chief Paymaster & O. i/c Records.

July 12th 1919

Receipt hereunder.

Ram
LIEUT. COLONEL,
COMMANDING OFFICER 2ND BATTAL RFLD REGT.

Received the sum of Seven
pounds in respect of
telegraphic remittance from the
Minister of Militia.

Hedrick Haddinott

No. 5399 Rank Private

Witness A. J. [Signature]

FORM K

N^o 4740



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frederick Heddinott, Regl. No. 5399, hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins July 1st 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|--------------------|-------------------------|----------------------|
| 4367 | Father | Mr Henry Heddinott | Salt Pond Lewisporte | 70 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | 70 |

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) Watson
Officer Commanding
E Company

A Johns

June 12th 1918

(Sig.) Frederick Heddinott
(Rank) PL

Hodding, J.

5399

Ray Sept.

July 18th 1919

#5390 Pte. Frederick Hoddinott,

Salt Pond,

Lewisporte.

Dear Sir:-

Please find enclosed Discharge Certificate #3089.

Yours truly,

Captain,
Paymaster & U.I.C Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5899 Rank Ptes Name Hodkinson, F.
 Intended place of residence Salt Pond, Lunenburg

2. Occupation Fisherman
 Classification of soldier E1 Medical Category A1

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 2 1919

Mrs. Grant
 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 -2 1919

Date

Hodkinson, F.
 Signature of soldier

J. A. Knowlton
 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 JUL -2 1919

Date

Fred. Hodkinson
 Signature of soldier

J. W. Chancey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 421

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 4 1919

R. H. Last Major
 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 July 18 1919

M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

AFB 2079/3689

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.

F. Haddnatt

Signature of Man.

Reg. No. 3099.

J. H. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

JUL -2 1919

191

The Royal Newfoundland Regiment

Class for Demobilization

7
6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No. 5399

Name Haddinst Fred Rank Plc

Address Salt Pond Lewisport

Present Medical Category A-1

Recommended for: (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board

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

H. Peterson
Senior Medical Officer

H.W. Berden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5099 Rank Plt Name Hodder, H. J.
 Date of Enlistment 2-1-18 Address Salt Pond District St. John's
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

| | | | | | | |
|-----------|--------|--------|--------|-----------|---------|---|
| N. F. 134 | B 268 | B 121 | 1 | N. F. Med | D. F. 1 | 1 |
| B 178 | W 3494 | B 122 | | Board 1st | " 2 | |
| B 178a | D 400A | B 1915 | 1 | 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 | 5212-2 | " 6 | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date 30.6.19O. C. Discharge Depot. H. Hodder

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Head Re-estab

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 M. Blinston

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

72150
9816

The above named has been provided with Travelling Warrants No. 3100 to his home at Salt pond and Release Certificate No. 3100 issued.

Date 2-7-19

J.A. Shewfelt
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 2-7-19

Date 2-7-19

J.A. Shewfelt
Depot Paymaster.

Discharged approved for 4-7-19

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

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. 136 | B 268 | B 121 | N.F. Med | D.F. 1 |
| B 178 | W 3494 | B 122 | Board Ist | " 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 |
| B179c | B 120 | B 93 | | |

3270-2

2 Form B

Date 2-7-19

J.A. Shewfelt
O. C. Discharge Depot.

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 4 1919

R.H. Jait MAJOR

O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30-6-19

Regimental No. 5399

Name Hodgkott, Fred

Rank P te.

Address Salt Pond, Lewisporte

Present Medical Category A1

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

Members of Board

R. H. Patterson
O.C. Discharge Depot.
(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 421 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To Pension Board

Please receive documents as indicated below

No. RANK AND NAME

| No. | RANK AND NAME | N.F.P. 236 Non-effective account. | B. 178 Medical history sheet. | B. 178a Nfld. medical history sheet | B. 179 Medical reports on an invalid. | B. 268 Proceedings on discharge. | W. 3494 Civil life qualification. | D. 400A Descriptive return. | B. 103 Active service casualty form. | B. 120 Regimental conduct sheet | B. 121 Company conductor sheet | B. 122 Field conduct sheet | Report of Newfoundland Medical Boards | | | | | | B. 1915 Attestation paper | Form L Identity certifficant | Form K Allotment papers | A.F.W. 3463 Headquarters Travelling Board | D.F. 2 Proceedings on discharge | D.F. 1 |
|-----|---------------|--------------------------------------|----------------------------------|--|--|-------------------------------------|--------------------------------------|--------------------------------|---|------------------------------------|-----------------------------------|-------------------------------|---------------------------------------|-----------|-----------|-----------|-------|--|------------------------------|---------------------------------|----------------------------|--|------------------------------------|--------|
| | | | | | | | | | | | | | 1st. Board | 2nd Board | 3rd Board | 4th Board | Board | | | | | | | |

5399 Mr. Addenot H. 2

1

Received above noted documents,

Dated 19

Signature of Officer forwarding documents:

Date 7.4 1909



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

MEDICAL HISTORY



Surname Koddinott OF Christian Name Fred

Table I.—GENERAL TABLE.

Birthplace:—Parish Salt Pond, Lewis and Clark County Nfld.

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|------------|--------------|------------------|
| | on | day of | on | day of |
| Examined | 24 th | May | 1918 | |
| at | St Johns. | | | |
| Declared Age | 19 | years | | |
| Trade or Occupation | Fisherman | | | |
| Height | 5 | feet | 11 | inches |
| Weight | 163 lbs. | | | |
| Chest Measurement | Girth when fully expanded | | 37 | inches |
| | Range of Expansion | | 3 | inches |
| Physical Development | Right | Left | Right | Left |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | 6/6 | | | |
| Vision | R.E.—V | 6/6 | R.E.—V | |
| | L.E.—V | 6/6 | L.E.—V | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>F. J. Patterson</u> | | | |
| (Rank) | Major | | | |
| | Medical Officer. | | | Medical Officer. |
| at | St Johns | | | |
| Enlisted | 24 th | May | 1918 | |
| on | day of | May | 1918 | day of |
| Joined on Enlistment | Corps. | Regtl. No. | Corps | Regtl. No. |
| | Royal Nfld | 1399 | | |
| | Regiment. | | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| (Signature) | on | day of | 191 | on |
| (Rank) | | | | day of |
| | | | | 191 |

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 | | | | |
|  Gravesend Port Pitt Chatkham Fernleigh V.A.D. Larkfield | 5 | 8 | 18 | 9 | 8 | 18 | Enteric | 1 | Transfer to Fort Pitt Chatham |  MAJOR, R.A.M.C. |
| Port Pitt Chatkham Fernleigh V.A.D. Larkfield | 10 | 8 | 18 | 8 | 9 | 18 | Debility | 28 | Has had T.A.B. 3 doses commencing 13.6.18. On admission - tongue clean, no spots, does not present appearance of typhoid. Spleen not palpable. No diarrhoea. Stools normal. For transfer to Winchester | E. Mansel W. Capt. R.A.M.C. Arthur P. Gordon J. Dudley |
| Port Pitt Chatkham Camp | 2 | 10 | 18 | | | | do | | trans to Winchester | E. Mansel W. Capt. R.A.M.C. |
| Hazelydown | 26 | 12 | 18 | 4 | JAN | 1919 | Tracheitis | 9 | | Mansel MAJOR, R.A.M.C. OFFICER IN CHARGE MILITARY HOSPITAL. |

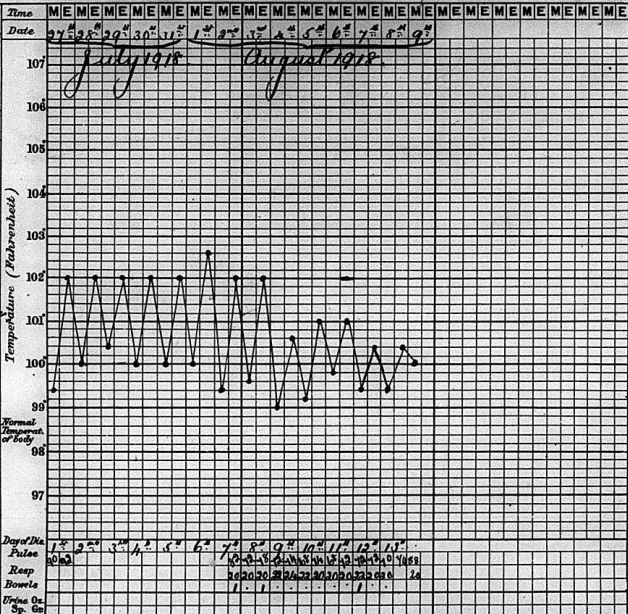
Haddins

Del. Twp. to town
oldie: Rec. to go
to the Br.

Flat chert m/c
A rapid sand with
abundant brachiopods
fossils - brachiopods
at 40 degrees.

CLINICAL SHEET

Patient's Addisal
 Name Frederick
 Age 19
 Rating Private
 Ship Name Newfoundland Regt
 Date of Admission 27th July 1918
 Result
 and
 Date
 Disease Enteric Fever
 Remarks



Report No. _____

Army Form W. 3212.

(In books of 100.)

Regtl. No. *3599* *Harding* *7*
Rank and Name *7* Age *19* Corps *Amphibious Exp*

Disease *Amoebic Intestine* Hospital *8th Regt*

To Officer i/c Laboratory. Ward *B3*

Please carry out an examination of the accompanying specimen of *Sacca*
with special regard to *Typhoid Bac.*

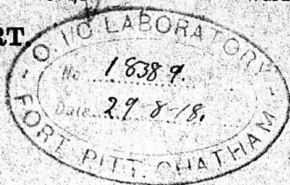
Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date *28/8* *Beach*

O. i/c _____ Ward.

LABORATORY REPORT



Negative

Date of Examination _____

C. Sant

O. i/c Laboratory.

Report No. _____

Army Form W. 3212.

(In books of 100.)

Reg. No. } 5399 Pl. 5141007 F Age 19 Corps *Infantry*
Rank and Name

Disease *Convalescent* Hospital *Soul P.H.*

To Officer i/c Laboratory. Ward *13*

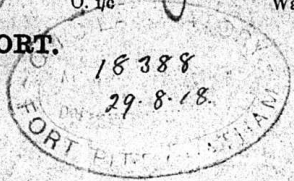
Please carry out an examination of the accompanying specimen of *urine*,
with special regard to *Typhoid Bac.*

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report
should be given.

Date *28 8/18* *J. K. [Signature]*
O. i/c Ward.

LABORATORY REPORT.



Negative.

Date of Examination *4 .9.18.*

[Signature]
Capt. R. A. M. C.

O. i/c Laboratory.



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 *Hoddinott, Frederick*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5399*

Intended address *Salt Pond Lewisport Mullingate*

Height on discharge *5 Feet 11.*

Color of hair on discharge *Salt Brown*

Complexion *Fair*

Color of eyes *Brown.*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Henry*

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 *Salt Pond. 17-4-1899*

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) *Frederick Hoddinott* *176*
(Rank)

Station _____ Date *30-6-19*

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.

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 Newfoundland* } Former Trade } *Fisherman*
 or Occupation }
 2. Regtl. No. *5399* 3. Rank... *plto* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Hoddinott* } *Frost* }
 (Surname) } (Christian Names) } (d) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday... *20*
 6. Posted for duty on *May 24/18* at... *St. Johns*
 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 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."
debility

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. *Contracted enteric on voyage across was put in hospital at Gravesend, transferred to Fort Pitt Chatham, from which discharged with stool normal and no appearance of Typhoid. On joining depot found to be flat chested, rapidly acting heat, and getting quickly out of breath and was turned down as unfit for draft.*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | no | no |
| (ii.) Previous active service.. .. . | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. } | no | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *Constitutional*

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.)
- very flat chested, not now anaemic. hearts action now steadier than condition improved cerebral slow.*
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.

Repatriating

W.P.R.

Station *Lazely, Swan*

Date *5/11/19*

Major R. [Signature]
 Medical Officer in charge of case.

* 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

July 24, 1919

#5399 Pte. Frederick Hoddinott,
Salt Pond,
Lewisporte.

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.

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... *Ludwick*..... 2. Surname... *Doddin*.....

3. Rank... *Private*..... 4. Regt. No. *5399*.....

5. Address in full to which future payments of gratuity are to be forwarded... *Salt Pond Lewis Port*.....

6. Date of enlistment in the Regiment... *May 24. 1918*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

... *Henry Doddin*.....

8. Relationship of such dependents... *Son*.....

9. Address in full of such dependents... *Salt Pond Lewis Port*.....

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... *England*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Three 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?

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?

19. Are you now serving in the Res? If not give:- (a) date of discharge (b) Reason for discharge.

No

July 2/1914

Dismissed

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.

No

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: *Frederick Hoddinote*
 Place of Residence: *Salt Pond near Lewis Port*
 Declared before me at: *St Johns*
 This *2nd* day of *July* 19*19*....

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

M. J. James Esq

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

FORM K

N^o 4740



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Fredrick Hoddinott*, Regl. No. *5399* hereby agree, until further notification by me, and in similar official form to make an Allotment of *—* Dollars and *Seventy* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins *July 1 1918*

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|---------------------------|----------------------------|----------------------|
| <i>4367</i> | <i>Father</i> | <i>Mr Henry Hoddinott</i> | <i>Salt Pond Lewisford</i> | <i>70</i> |
| | | | | |
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| | | | | |
| | | | | |
| Total Allotment, \$ | | | | <i>70</i> |

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) *Watson Lund*
 Officer Commanding
E Company
St Johns
June 12 1918

(S) *Fredrick Hoddinott*
 (Rank) *PLS*

ST. JOHN'S,

JUL 2 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pti 4 Hoddinott

Billeting Soldiers as undermentioned

from June 1/19 to June 28/19

5399 Pti 4 Hoddinott 28.80

| | |
|------------|----------------------|
| ACCOUNT | Bvt. C.R. |
| CH NO | 2077 |
| IND. LODG. | |
| PAY LODG. | |

Certified correct for \$ 28.80

J. H. Snowball
Billeting Officer.

Frederick Hoddinott

Edts.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921 1921.

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

Frederick Hoddinott

in respect of his service as No. 5399 Rank Pte.

Name F. Hoddinott Royal Nfld. Regt.
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

British War Medal.

Signature

Frederick Hoddinott

Date

Oct. 20th 1921

Address

Salt Pond Lewisporte

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet one

Signature of O. C. Company OB Dicks

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | | | | |
|----------------------------|-----------------|------------------------------|----------------------|----------------|---|--------------------|---|-----------------|---------|
| No. | <u>5399</u> | Age on | <u>19</u> | Trade | | | | | |
| | Hodder | | years | fisherman | | | | | |
| | | | months | Religion | | | | | |
| Joined | Date | Place and Date of Enlistment | | sea | | | | | |
| Joined | Date | St John's | | | | | | | |
| Joined | Date | 24.5.18 | | Place of Birth | | | | | |
| Joined | Date | Period of | | Salt Pond | | | | | |
| | | with Colours | 56 | | | | | | |
| | | with Reserve | 365 | | | | | | |
| | | | years. | | | | | | |
| Place | Date of Offence | Rank | Class 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 | | | | 18 7/19 |

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5099 Rank Plt Name Hodderworth F.
 Date of Enlistment 2-1-18 Address Salt Pond District S. gate
 Occupation Fisherman Classification for Discharge 1 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 list | " 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 | " 5 | " 5 |
| B 179c | B 120 | M 93 | | |

Date 30.6.19 O. C. Discharge Depot. Mrs H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ 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 _____

Date 2-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *3700* to his home at *Saltford* and Release Certificate No. *3700* issued.

Date *2-7-19* *J. H. Lambart*
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 *1-7-19* *J. H. Lambart*
Depot Paymaster.

Discharge approved for *9-7-19*
Forwarded with following documents to O. C. Discharge Depot.

| | | | | | |
|-----------|--------|--------|----------------|--------|-----------------|
| N.F. P/36 | B 288 | B 121 | N.F. Med | D.F. 1 | <i>3 Form B</i> |
| B 178 | W 3494 | B 122 | Board Ist. | " 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 | <i>3212-28</i> | " 6 | |
| B179c | B 120 | M 93 | | | |

Date *2-7-19* *J. H. Lambart*
O. C. Discharge Depot.

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 4 1919* *R. H. Sait* MAJOR
O. C. Discharge Depot.

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

Date *July 11 / 1919* *J. H. Lambart*
J. H. Lambart

Reg. No. *5399* Rank *Pfc.* Name *Hoddenott, G.*

Attested Address *Lewisporte.*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.79*

Returned on S.S. *Bersican.* Cause *Discharge.*

2.7.19

4.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON RECOMMENDATION