



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5570. Name Morgan Hallett <sup>Corps</sup> Mesh.

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

1. What is your name? ..... 1. Morgan Hallett
2. What is your full Address? ..... 2. Burns
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 20 Years 0 Months
5. What is your Trade or Calling? ..... 5. Fisherman
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, Morgan Hallett 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.

Morgan Hallett SIGNATURE OF RECRUIT.

John [unclear] Signature of Witness.

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

I, Morgan Hallett 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 St. John's on this 14 day of June 1918.

Signature of Attesting Officer C. B. Dicks Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....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

5570

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

Name Morgan Hoelen

Apparent age 20 years          months. Height 5 feet 2 1/2 inches

Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches

Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Hoelen  
Burien | Relationship father

### Particulars as to Marriage

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-6-18</u>									
Joined at <u>St Louis</u> on <u>June 1-1918</u>									
<u>Discharged August 5-1919</u>									
<u>Embarked St Louis S.F. to Sumbella to Halifax N.S. 22-7-18</u>									
<u>to U.S. for demobilization 24-6-19 Arrived U.S. 1-7-1919</u>									
<u>Demobilization St Louis 5-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-8-1919 [date of discharge] 1 years 66 days

" " Pensions " " " " " " " "

Reg. No. 5570 ..... Rank *Pte* ..... Name *Hollett M.*  
Attested *1-6-18* ..... Address *Burin*  
Allotment *50* ..... Allottee *John Hollett (Father)*  
Date of Allotment *1918* ..... Returned from Overseas .....  
Embarked for Overseas *JUL 22 1918* ..... Cause .....

<i>36/18</i>	<i>Dec</i>		
<i>13 1/2</i>	<i>5-Proc.</i>	<i>2nd Dec 4-7-18</i>	<i>3rd Dec 11-7-18</i>
<i>A.L.</i>	<i>18 1/2</i>	<i>28 1/2</i>	<i>A.L. 29 1/2</i>

C.R. 5570

extract from daily orders part II Royal  
Newfoundland Regiment. Depot St. John's  
dated Aug. 14th 1919.

The discharge of the undernoted on demobilisation  
has been CONFIRMED by officer i/c records from  
5-8-19.

5570, Pte. M. Hollett.

Extract from daily orders part 11 Royal Newfoundland Regt  
Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c records from 8-8-19.

C.R. 5570

Extract from Daily Orders Part II Unit The Royal Field. Regt.  
St. John's, Daily 30th 1919.

5570 Pte. M. Hollett.

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

C.R. 3570

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated June 5, 1918.

#5570 Pte. M. Hollett.

Attested for General Service with the Royal Nfld. Regt.  
from 1.6.18

C.R. 5570

Extract from Daily Orders part 11, from Unit The Royal  
H213 Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.

"Columbella" July 22, 1918.

#5570 Pte. Morgan Hollett.



A. Hollett

C.R. 15570

~~1580~~

FORM K

Nº 6084



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Morgan Hollett, Regl. No. 5370

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins August 1<sup>st</sup> / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4588	Father	John Hollett	Burin Holleth's Island	50 <sup>c</sup>
Total Allotment, \$				50 <sup>c</sup>

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.) H.A. James

Officer Commanding  
F Company

St. Johns  
July 22 1918

(Sig.) Morgan Hollett

(Rank) Pte.

No. 2021/305.

N.F.P./79.

067115

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.

5th February 1919

February 7th 1919

5570.Pte. Hollett. M.

With reference to the following telegram from the Minister of Militia / / ( 4 )

Receipt hereunder.  
*L. Karent*  
LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2<sup>nd</sup> Batt'n.

"Pay to- 5570. Pte Hollett. .

£5.3.0.

Cheque £5.3.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five pounds  
Three Shillings in respect of telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c Records.

Morgan Hollett  
No. 5370 Rank Private  
Witness M. Rockets

B

1  
Sollett, M

5570

Hay & Sept.

1

August 5th 1919.

#5570, Pte. Morgan Hollett,  
Burin.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3381

Yours truly,

Capt.<sup>cc</sup>  
Officer i/c Records.

RS/.

August 12, 1919

Mr Morgan Hollett,  
Burin.

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 G. F. Farnham, C.M.

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..... *Morgan* ..... 2. Surname..... *Hallett* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5507* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Burn* .....
6. Date of enlistment in the Regiment..... *May 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *No* .....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in 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..... *fourteen months* .....
- ..... 1. 2. ....

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

.....  
.....  
.....

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.

.....  
.....

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

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

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

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

19. Are you now serving in the Res.? no If not give? - (a) Date of discharge. July 22/19 (b) Reason for discharge.....

.....  
.....

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

.....  
England.....

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

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



Signature of Applicant: - *Morgan Haultitt*

Place of Residence: *Burw.*

Declared before me at: *N. Johns*

This *8* day of *July* 19*19*....

*W. A. Warren*  
Signature of Barrister of the ~~the~~ *Notary Public*  
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

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

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5570 Rank. Pvt Name. Hallett Morgan  
 Intended place of residence. Burton

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

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 8 1919

*H. Mous 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 8 1919

*H. Hallett*  
 Signature of soldier

*J. P. Mawle Capt*  
 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 8 1919

*H. Hallett*  
 Signature of soldier

*James O'Sullivan*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service... 1-6-18 No. of days on Military  
 Discharged from service... JUL 22 1919 Plus 14 days Service 431

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

*L. R. Cooper Capt*  
 for Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 5 1919

*M. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*W. B. 2079 / 3381*

20  
31  
5  
66

# 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 7.7.19

Regimental No. 5570

Name Hollett Morgan

Address Burin

Present Medical Category A-1

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

R. H. Lant  
O. C. Discharge Depot.

Members of Board

J. Paterson  
Senior Medical Officer

J. W. Burden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5570 Rank Plt Name Hollett Morgan  
 Date of Enlistment 1-6-18 Address Burrows District Placentia  
 Occupation Fisherman Classification for Discharge E1 Medical Category A.1.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. Fr 136	B 268	B 121	N.F. Med	D.F. 1	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 7-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

[Signature] [Signature]  
[Signature] [Signature]

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied \_\_\_\_\_

Date 8-7-19

O i/c. Re-clothing [Signature]

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. P 2250 to his home at Burnin and Release Certificate No. 3303 issued.

Date 8-7-19

*J.A. Howcroft*  
Demobilization Officer

**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 5-8-19

Date 8-7-19

*J. Mills*  
Depot Paymaster.

Discharged approved for 22-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med	D.F. 1	2 Form B
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	B 1915	1	do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6		
B179c	B 120	M 93				

Date 8-7-19

*J.A. Howcroft*  
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  
*R. R. Coole*  
O. C. Discharge Depot.

Date JUL 22 1919

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

*Abraham H. H. H. H.*  
Signature of Man.

*J. J. Knowlton*  
Signature of the Vocational Officer or his Representative.

Reg. No. 5570

Place

*At Johns*

Date

*8-7-19.*

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

# MEDICAL HISTORY

Surname Hallett OF Christian Name Morgan

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's P.B. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June		191
	at	St. John's	at	
Declared Age	20	years		days
Trade or Occupation	Fisherman			
Height	5	feet		inches
Weight	127	lbs.		lbs.
Chest Measurement	Girth when fully expanded	36		inches
	Range of Expansion	3		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/		/	
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. H. H. H.</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	1 day of June	on	day of 191
Joined on Enlistment	Corps		Corps	
	Regtl. No.	1570	Regtl. No.	
Transferred to	Royal Nfld. Regiment.			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				







## 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 *Hollett, Royan*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5570*

Intended address *Burin St. Lucia*

Height on discharge *5 feet 3*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *John*

Christian name of Father *John*

Christian name of Mother *Jula*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Burin 28-10-1897*

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) *Royan & Hollett* *mat* *Ho*

(Rank)

Station *—* Date *5-7-19*

*Hubert J. Redwood*

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 in 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 Artillery*.....
2. Regt. No. *5570* 3. Rank. *Plt.*.....
4. Name *Hallett Morgan*.....  
(Surname) (Christian Names)
5. Age last birthday. *22*.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Tradesman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.  
(b) Date of Discharge;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
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

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? }

*The complain of no disability*

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.)*

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?

*Repetition*

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.

*W. E. Proctor, Capt. R.A.M.C.*

Station *Wozley Down*

Medical Officer in charge of case.

Date *7/4/19*

\* 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



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company W. Dicks / Lind

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
<u>5570</u>	<u>Morgan Hallett</u>	<u>70</u>		<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St. John's</u>	<u>16 18</u>	<u>Method</u>	
Joined	Date	Period of	} with Colours <u>16</u> years.	Place of Birth	
Joined	Date				} with Reserve <u>3 1/2</u> 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
				<u>Demobilized</u>	<u>St John's</u>	<u>5 19</u>			

To be carried over.

Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

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Fold Here

*Alfred H. [unclear]*

*[Faint handwritten text]*

*[Faint handwritten text]*

OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ British War Medal

is/are forwarded herewith to

Morgan Hollett

in respect of his service as No. 5570 Rank Pte.

Name M. Hollett Royal Nfld. Regt.  
~~Infantry Coy. Corps.~~

Receipt of the same should be acknowledged hereon.

Received badge Oct 19th 19/21

Signature Morgan Hollett

Date Oct 23rd 19/21

Address Burin North side

[P.T.O.]

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 Artillery*
2. Regtl. No. *5270* 3. Rank. *Pvt*
4. Name *Hollitt Morgan*  
(Surname) (Christian Names)
5. Age last birthday *27*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state:—  
(a) When (b) Date of Discharge;  
(b) Where (c) Cause of Discharge.  
(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 n (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 .. .. .                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. .                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service .. .. .                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war .. .. .     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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.)

*No complaints of no disabilities*

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.

*Refatuation!*

*W. P. Proemier. Capt. Rank*

Station *Hogchyltarn*

Medical Officer in charge of case.

Date *2-14-19*

\* 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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5570 Rank Pvt. Name Hollitt Morgan  
 Date of Enlistment 1-6-18 Address Burnside District St. John's  
 Occupation Fisherman Classification for Discharge 1st Medical Category A-1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am [Signature] in a position to resume civilian occupation. [Signature] X Hollitt

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00  
 (b) Clothing Supplied [Signature]

Date 8-7-19 O. C. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. P2250 to his home  
 at Burn and Release Certificate No. 3303 issued.

Date

8-7-19

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.....

Date

8-7-19

J. A. Snowcraft  
 Depot Paymaster.

Discharge approved for

22-7-19

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
B179c	B 120	M 93		

Form B

Date

8-7-19

J. A. Snowcraft  
 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 22 1919

J. R. Cooper Capt  
 for O. C. Discharge Depot.

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

Date

July 22/19

Reg. No. *270* Rank *Plc* Name *Hallett James*  
Attested ..... Address *Sunburyville Duran*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Discharge*

*8.7.19*  
*22.7.19*

**DISCHARGE APPROVED ON DEMOBILISATION**

C.R. 5570

JUNE 12th 1919.

Mr. John Hollett,  
Hollett's Island, Burin.

Dear Sir:

I am directed to acknowledge receipt of your letter of the 5th inst., in which you ask to have your son, #5570 Pte. Morgan Hollett, returned with the next draft,

I beg to advise you that the next draft is due to leave the other side during the latter part of this month, when all men who are fit to travel will be sent home. No doubt your son will be one of the number.

Yours faithfully,

C.C.B.

Captain,  
Military Secretary.

C.R. 5570

Extrac from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 12th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O. C. Discharge Depot with effect from 22-7-19.

5570 Pte. Morgan Hollett.

Yozuel

Burin June 5<sup>th</sup>  
1919

Minister of Militia

Dear Sir

I am writing you a note to ask you kindly would you try to get my son home in the next draught & if you cannot get him home in the draught try if you please to get him home as quick as you can. When the war was over he wrote & told us to get a motor boat for him to go fishing in & now it is all ready & he is not home yet we need him very badly. one of his brothers are sick & his father is getting old try if you can to get him home please

Write & tell us the reason you can't  
Get him home in this draught.

Yours truly

Mr John Hollett  
Holletts Island  
Burrin

his son

Pte M organ Hollett No 5570  
Holletts Island  
Burrin

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