



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. H6210 Name Thomas Hallett Corps Malt

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Thos Hallett</u> |
| 2. What is your full Address? | 2. <u>Base Hailer P.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>9</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I,, 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.

A
27.4.18
Thomas Hallett SIGNATURE OF RECRUIT.
Frank J. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I,, 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 23 day of April 1918.
Signature of Attesting Officer G. J. ...

†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 April 23 1918
Place St. John's 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

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

Name Thos. Hallett
 Apparent age 14 years 9 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mabelsa ~~Hallett~~ Home
Bournemouth P.O. | Relationship Sister

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
<u>8</u>	

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 limited engagement reckons from _____									<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> Joint at _____ on _____ </div> <div style="font-size: 1.5em; margin-top: 20px;"> <u>Discharged August 7 1919</u> <u>31</u> </div>
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions [" "] " " " "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. H6410 Name Thomas Hollett Corps M. Ath.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thos Hollett
2. What is your full Address? 2. Baue Harbor P.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 9 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, 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.

A
27.4.18
Thomas Hollett SIGNATURE OF RECRUIT.
Frank C. Purvis Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 on this 23 day of April 1918.

Signature of Attesting Officer W. J. James

†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 April 23 1918 }
Place St. John } 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 (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas Hallett
 Apparent age 19 years 9 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches -
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Matilda ~~Hallett~~ Thorne
Baine Harbor P.B. | Relationship Sister

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 <u>limited</u> engagement reckons from <u>23-4-18</u>									Signature of Officers certifying correctness of entries
Joined at <u>St John's</u> on <u>April 23-1918</u>									
Admitted to <u>the Hospital</u> <u>Wesley</u> <u>9th</u>									
Discharged <u>6-6-1918</u>									
Embarked <u>St John's S. I. Colubella</u> to <u>Halifax N.S.</u> <u>22nd</u>									
<u>to Newfoundland for demobilization</u> <u>24th</u> <u>6-1919</u>									
Arrived <u>Newfoundland</u> <u>1st</u> <u>7-1919</u>									
<u>Demobilization St John's</u>									
<u>7-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-8-1919 (date of discharge) 1 years 107 days
 " " Pensions " " " " " " " "

C.R.

4640.

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt. St.
John's, Aug. 16th, 1919.

The Discharge of the undernoted on demobilisation has been CONFIRMED
by Officer i/c Records from 2-8-19.

4640 Pte. Thos. Hollett.

C.R. 4640

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

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

4640 Pte. Thos. Hollett.

C.R. 4640

Extract from Daily Orders Part XI Unit The Royal Field, Regt.
St. John's, July 24th 1919.

b 4640 Pte. T. Hollett.

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

C.R. 4640

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

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

#4640 Pte. Thomas Hull.

C.R.

4640

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

#4640 Pte. Thos. Hellett,

Attested for General Service with the Royal Wfld. Regt. from
23/4/18.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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. *464 D* 3. Rank. *plc*
- 4. Name *Hollatto* *Thos*
(Surname) (Christian Names)
- 5. Age last birthday. *21*
- 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.
(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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

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

The Complaint 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 ?

Repatriation

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

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

Station *Mazeley, Bourne*

Medical Officer in charge of case.

Date *27.4.19*

* 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

T. Hollett.

C.R. 4640

~~1180~~

No. 6193



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Hollett, Regl. No. 4640

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty 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

Aug. 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4857	Sister	Mrs Albert Thoren Baine (Maticeda)	Baine Ave.	60
Total Allotment, \$			60	

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.)

W. Summers
Lieut.

Officer Commanding

Company

Royal Newfoundland Regt
July 6th 1918

(Sig.)

Thomas Hollett

(Rank)

Private

No. 3749/579

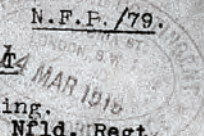
064645

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT

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

Top Officer Commanding,
2nd Batt. Ryl. Nfld. Regt.
Winchester.



March 10th. 1919

March 12th 1919

4640 Pte. Hollett T.

With reference to the following telegram from the Minister of Militia / / (69)

"Pay to- 4640 Hollett,
£8. 0. 0.

Cheque £8. 0. 0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder

S. K... LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n.

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

T. Hollett

No. 4640 Rank Pte

Witness M. Rockett

B

Nollett, Mos.

4640

Hay Sept.

August 7th 1919.

#4640, Pte. Thos. Hollett,
Baine Hk. P.B.

Dear Sir:

Enclosed please find Discharge Certificate # 3538.

Yours truly,

Capt. &

Officer I/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4640 Rank Pvt Name Hallett Tho
 Intended place of residence Baine St. Placentia

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 10 1919

L 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

T. Hallett
 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 10 1919

T. Hallett
 Signature of soldier

James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-4-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 472

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 JUL 24 1919

N.R. Cooper Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 7/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

20 B 2079 / 2538

8
31
20
31
7
107

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 8.7.19

Regimental No. 4640

Name Howlett Thomas

Address Baine St.

Present Medical Category A1

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

Members of Board

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

H. Paterson
Senior Medical Officer

Geo. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4640 Rank Plt Name Hollett J
 Date of Enlistment 23-4-18 Address Barr H District Acadia
 Occupation Fisherman Classification for Discharge E Medical Category H1
 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

H. J. H. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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. 12392 to his home at Bonne AL and Release Certificate No. 3375 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

Date

10-7-19

7-8-19
J.A. Snowcraft
Depot Paymaster.

Discharge approved for

24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
F 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 in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 24 1919

Date

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

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.

L Hollett

Signature of Man.

J. J. Snow

Signature of the Vocational Officer or his Representative.

Reg. No. *4640*

Place

St Johns

Date

10-7-19.

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

MEDICAL HISTORY

OF

Surname Kollett

Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish Paine St. P.P. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>Apr</u> 191 <u>9</u>	on	day of	191
	at <u>S. Johns</u>	at		
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fiddlerman</u>			
Height	<u>5</u> feet <u>5 1/2</u> inches		feet	inches
Weight	<u>121</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded...	<u>38</u> inches		inches
	Range of Expansion..	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Arms			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		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>Thomas K. ...</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. Johns</u>	at		
	on <u>23rd</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld. Regt</u>			
Transferred to				
Became non-effective by				
	on	day of	191	on
				day of
				191
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
M. D. Hosp. St Johns.	9	5	18	6	6	18	Measles.	28.	measles slight cold Temp. n
Wazeley Down	16	8	18.	28 17	9 8	18 18	Scarlet fever	43	Transfor

ital or to the sick list in case of Warrant Officers treated in quarters.

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 hospital 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

Measles fully developed on admission. Had also slight cold. but this cleared up after one week. Temp. normal. Discharged. Cured

W. Peterson M.D. J.C.

Transferred to Victoria Hosp. Winchester

W. S. Morrison
Capt. R.D.M.C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
24-4-18	Vacc. <i>[Signature]</i>
4-7-18	S. A. B. <i>[Signature]</i>
5-11-18	T.M. <i>[Signature]</i>
22-11-18	T.M. <i>[Signature]</i>

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 16 for Discharge on Demobilisation. Medical category *[Signature]*
 8.7.19
 Date of T.M.B.*

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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

Hollett Thomas

Regiment from which discharged **Royal Newfoundland**

Regimental number

4640

Intended address

Bain's H. P. B.

Height on discharge

5 Feet *6*

Color of hair on discharge

Dark

Complexion

Fair

Color of eyes

Grey

Descriptive Marks

Figure on discharge

None

Christian name of Father

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

Bain's H. 10 July 1898

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)

T. Hollett

(Rank)

P.

Station

ST. JOHN'S!

Date

5-7-19

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



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

Station

Date

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. LD*
2. Regt. No. *46th* 3. Rank.....
4. Name *Hollitt* *Thomas*
(Surname) (Christian Names)
5. Age last birthday *21*.....
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 Regt. 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?

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 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.

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 invaded at Foreign Stations.

Repatriation

W.E. Procunier, Capt Name

Medical Officer in charge of case.

Station *Hazebury Camp*

Date *20-11-19*

* 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. Thomas Hollett,
Bain Harbor, P. B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the war Service Gratuity.

Yours truly,

Captain & Paymaster.

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... *Thomas* 2. Surname... *Hollett*

3. Rank... *Private* 4. Regtl. No. *4540*

5. Address in full to which future payments of gratuity are to be forwarded..... *Bain Harbour*

..... *Placentia Bay*

6. Date of enlistment in the Regiment... *23/4/18*

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

..... *Not applicable*

8. Relationship of such dependents... *Not applicable*

9. Address in full of such dependents... *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Hfld. If so, give dates and particulars of such service... *Not applicable*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *444 Days Newfoundland and England*

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?

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?

Not Applicable.

19. Are you now serving in the Regt.? *Yes.* If not give - (a) date of discharge. *24/1.7.19.* (b) Reason for discharge. *(Demob.)*
(Empty)

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.

Not Applicable.

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. I am not.

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:

Thomas Hollett

Place of Residence:

Bain Harbour

Declared before me at:

St John's

This

11 day of

July

1918....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits.

John M. Clarke

POST DISCHARGE PAY.

Date paid

Paid

Paid

Soldier. Dependant.

War Service
Gratuity.

Net amount
due

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

Certified correct.

Paymaster

The Royal Newfoundland Regiment.

4640 To Thomas Hollett (Recruit).

James Rankin

To Board and Lodgings while waiting for passage to

St. John's.

\$1.25.

(As per Voucher).



CERTIFIED CORRECT

James Rankin

JERSEY SIDE,

PLACENTIA, N.F.,

April 23 1918

Recruit
M Thos Collett

14 11: P

To the Wilcox Hotel

MRS. ED WILCOX, PROPRIETRESS

Board and Lodging

\$ 4
1, 25'

LLB

paid

. October 28th, 1921

Mr. Thomas Hollett,

Baine Hr., P.B.

Dear Sir:-

I have just come across the enclosed cheque for \$1.25, which has been lying in this office for a considerable time.

It represents payment of amount paid by you to Wilcox Hotel, Placentia, when you were coming to St. John's to enlist.

Please cash the cheque as soon as possible.

Yours truly,

Major
Paymaster

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4640 Rank Pte Name Hollett J
 Date of Enlistment 23-4-18 Address Bawn H District Pacentia
 Occupation Servant Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 8-7-19 O. C. Discharge Depot J. M. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. J. Hollett

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. £6.00
 (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. 12392 to his home
 at Bonne Hts and Release Certificate No. 5375 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 11-7-19 W.H. Smith
 Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122		Board 1st	" 2	
F 178a	D 400A	B 1915	1	do 2nd	" 3	1
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 in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

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

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

Date July 30/1919 W.H. Smith

Reg. No. *4640* Rank *Pte* Name *Fallett*

Attested Address *Bains H.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1* 1919

Returned on S S *Cassandra* Cause *Discharge*

18 7 19
2nd 7 19

~~PASSED TO DEMOBILIZATION OFFICER~~

DISCHARGE APPROVED ON DEMOBILISATION.