



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4619 Name Walter Holwell Corps Loof 6

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <u>Walter Holwell</u> |
| 2. What is your full Address? | 2. <u>17 Pilot's Hill</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Truckman</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 |
| 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> |

Report 15-5-18

I, Walter Holwell 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. 23-4-18 SIGNATURE OF RECRUIT.

James Arklie L/C Signature of Witness.

Walter Holwell 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 Wm. Churchill

†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 Loof 6 If enlisted by special authority, such will be attached to the original attestation.

Date.....1918 } Approving Officer.
Place.....

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Walter Holwell

Apparent age 21 years - months. Height 5 feet 5 1/4 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Charles Holwell

Pilots Hill St Johns | Relationship mother

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 Lieut	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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] " " "									



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4619 Name Walter Holwell Corps 6 of 6

Questions to be put to the Recruit before Enlistment.

- | | |
|---|---------------------------------|
| 1. What is your name? | 1. <u>Walter Holwell</u> |
| 2. What is your full Address? | 2. <u>17 Pilot's Hill</u> |
| | <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| | Months |
| 5. What is your Trade or Calling? | 5. <u>Truckman</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 which you are signed by you if you are accepted? | 11. <u>yes</u> |

I, Walter Holwell 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
23-4-18

Walter Holwell SIGNATURE OF RECRUIT.
James A. L. L. L. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Walter Holwell 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 Wm. Churchill

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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).....

Report 15-5-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Walter Holwell
 Apparent age 21 years — months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Charlotte Holwell
Pilots Hill, St John's | Relationship mother
 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>23-4-18</u>									
Joined at <u>St John's</u> on <u>April 23-1918</u>									
<u>Discharged June 29/19</u>									
				<u>Reported for duty 15-5-1918</u>					
				<u>Embarked for Halifax, train to Halifax N.S. 11-6-1918</u>					
				<u>Embarked for B.C. 26-10-18</u>				<u>Embarked France 26-10-18.</u>	
				<u>Joined Batta in the field 3-11-18</u>					
				<u>Transferred from Batta 22-7-19</u>				<u>Arrived Winchester 23-4-1919.</u>	
				<u>to Newfoundland for demobilization 22-5-1919.</u>					
				<u>Arrive Newfoundland 1-6-1919</u>					
				<u>Demobilization St John's 29-6-1919</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-1919 [date of discharge] 1 years 46 days
 " " Pensions " [" "] " " "

C.R. 4619

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 29-6-19.

4619 Pte. Walter Howell.

C.R. 4619

Extract from Daily Orders Part II Unit the Royal WFL.
Regt. St. John's, June 16th, 1919.

The discharge of the undernoted on disability has been
approved by C.O. Discharge Dept with effect from 25-6-19.

15-6-19.

4619 Pte. Walter Holwell.

C.R. 4619

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. St. John's, June 14-6-19.

4619 Pte. Walter Holwell

Reported at Headquarter 1-6-19 Ex "Corsican" which sailed
Liverpool 22-5-19.

C.R. 4619

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

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

#4619 Pte. W. Holwell.

C.R. 4619

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.,
By Lt. Col. T. G. Mathias, D.S.O. Commanding 1st Battn. 5-11-18

The following joined the Battn. 3-11-18

4619 Pte. W. Holwell.

B Coy.

C.R. 4619

Extract from Nominal Roll Re-inforcement Draft No.55, Embarked Folkeston
26/10/18, from 2nd Battn, Royal Newfoundland Regiment, Haseley Down Camp,
Winchester, to 1st Battn, Royal Newfoundland Regiment, B.E.F.

4619 Pte. Holwell, W.

MP.

C.R. 4619

Extract from Daily Orders part 11, frommUnit The Royl
Nfld. Regt. St. John's, dated June 14, 1918

#4619 Pte. H. Howell.

Embarked for overseas with draft June 11th, 1918.

C.R. 4619

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 15, 1918

#4619 Pte. W. Holwell

Attested to report later. Reported to Headquarters for
duty from this date

C.R. 4619

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

#4619 Pte. Walter Holwell.

Attested for General Service with the Royal Nfld. Regt.
from 25/4/18. To report 15/5/18.

W. Howell

C.R. 4619

~~PARD~~

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* }
 2. Regtl. No. *4619* 3. Rank... *Plt* } *Truckman*
 4. Name *Solomon W.* }
 (Surname) (Christian Names)
 5. Age last birthday... *22*
 6. Posted for duty on *13.11.18* at *St. John*
 in category (or grade).....
 7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 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 (d) Particulars of Pension or Gratuity (if any)
 (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."
nil
nil
nil
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.

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? } *no a*

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.)

The emphasis of one disability

16. Was an operation performed? If so, when and what was its nature? *no, e.*
17. If not, was an operation advised and declined? *n. a.*
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? *y. a.*
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? *sh. a.*

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

Sign of Procurement
Gen. Capt Karne
Medical Officer in charge of case.

Station *Hazeley D. Camp*

Date *30. 4. 19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

FORM K

No 4451



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Holwell, Regl. No. 4619

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 25 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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4244</u>	<u>Wife</u>	<u>Mrs. Augusta (Charlotte) Holwell</u>	<u>17 Pelovs Hill St. Johns</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

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.)

(S) Walter Holwell
(Rank) Private

Officer Commanding
13 Company

St. Johns
10-6-1918

No 4451

1ST. NEWFOUNDLAND REGIMENTALLOTMENTSI, Walter Holwell, Regl. No. 4619

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 ^{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 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4244</u>	<u>Mother</u>	<u>Mrs. Ingham (Charlotte)</u> <u>Holwell</u>	<u>17 Pilots Hill</u> <u>St. Johns</u>	<u>50</u>
			Total Allotment, £	<u>50</u>

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.) _____

 Officer Commanding
13 Company

St. Johns
10-6-18(S) Walter Holwell(Rank) Private

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4619	Plt	Holwell W.	\$2.50	W. Holwell

I have the honour to be, Sir,
Your obedient Servant.

atc

July 1/18

W. Holwell

Holwell, Walter

4619

Pay Sept.

June 29, 1919

#4619 Pte. Walter Holwell,

#17 Rabbits Hill,

City.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2407.

Yours truly

Captain,
Paymaster & O. i/c Records.

The Royal Newfoundland Regiment

Class for Demobilization:—

8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.6.19*

Regimental No *H619*

Name *Holwell Walter* Rank *Pte*

Address *Pilots Hill*

Present Medical Category *A1*

Recommended for :—

- (a) Immediate discharge
- (b) Standard Medical Board

Members of Board

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

Peterson
Senior Medical Officer

Geo. Bernard
M. O. Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4619 Rank Pte Name Halwell, Walter
 Intended place of residence 17 Pelob Hill St Johns
 2. Occupation Druckman
 Classification of soldier S Medical Category AT

3. The above named man is discharged in consequence of DEMOBILIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date JUN 11 1919 Mr Lunt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
JUN 11 1919
 Signature of soldier J.P. Snow 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 and Date JOHN'S
JUN 11 1919
 Signature of soldier W. Halwell
 Signature of witness W. J. Kealey Quers

STATEMENT OF SERVICE

7. Enlisted for service 23-4-18 No of days on Military
 Discharged from service JUN 15 1919 Plus 14 days Service 433

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
JUN 15 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. Johns, Nfld
 Date June 29/1919
 Officer in Charge
 The Royal Newfoundland Regiment

AFB 2029/2407

7
30
29
66

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4619 Rank Plt Name Holwell, Walter
 Date of Enlistment 23-4-18 Address 17 Pelody Hill District St John's
 Occupation Truckman Classification for Discharge E7 Medical Category 17.1
 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 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 10-6-19 for O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

W. Holwell

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing~~ Supplied Alm Colston

Date 11-6-19 O.i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 17 Park Hill St. Huddersfield and Release Certificate No. 2602 issued.

Date 11-6-19 *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 29-6-19

Date 11-6-19 *H. W. Street*
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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		

2 Form B

Date 11-6-19 *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.

Date JUN 15 1919 *R.H. Street*
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

W. Holwell

Signature of Man.

Reg. No. 4679

J. A. Snowlett

Signature of the Vocational Officer or his Representative.

Place

21 - Johns

Date

11-6-19

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

MEDICAL HISTORY

Surname Hopwell OF Christian Name Walter

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23rd</u> day of <u>April</u> 191 <u>8</u>		on day of 191	
	at <u>St John's, Nfld.</u>		at	
Declared Age	<u>21</u> years days		years days	
Trade or Occupation	<u>Truckman</u>			
Height	<u>5</u> feet <u>5 1/2</u> inches		feet inches	
Weight	<u>125</u> lbs.		lbs.	
Chest Measurement	<u>35</u> inches		inches	
	Girth when fully expanded... Range of Expansion... <u>4</u> inches		inches	
Physical Development				
Vaccination Marks	Arm	<u>(line)</u>		
	Number			
When Vaccinated	<u>12 years ago</u>			
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>L. J. ...</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Nfld.</u>		at	
	on <u>23rd</u> day of <u>April</u> 191 <u>8</u>		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt.</u>		<u>4619</u>	
Transferred to				
Became non-effective by	on day of 191		on day of 191	
(Signature)				
(Rank)				

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
	<p> $\text{R.V.R} = \frac{6}{36}$ $\text{R.V.S} = \frac{6}{36}$ with glasses } $\frac{6}{18}$ R $\frac{6}{18}$ L Hyperopia, high degree bilateral R Loc Khart Capt M. A. G. S. </p>
15-5-18	Vac. <i>SS</i>
5-6-18	T.A.B. <i>SS</i>
16-6-18	do. <i>Abg</i>
10-7-18	$\frac{\text{T.A.B.}}{3}$ <i>MK</i>

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as I for Discharge on Demobilisation. Medical category I

10-6-19
Date of T.M.B.

[Signature]
 Captain A. G. S. in Discharge Department Newfoundland

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

The Royal Artillery Regiment

DEMOBILIZATION

No. 4619 Rank

Name Robert F

Warned for demobilization on

JUN 11 1919

BOMB

JIMMIE MAH

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 } *Truckman*
or Occupation }
2. Regtl. No. *4619* 3. Rank..... *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *W. Holwell*.....
(Surname) (Christian Names)
5. Age last birthday..... *22*
6. Posted for duty on..... *23/4/18* 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 (d) Particulars of Pension or Gratuity (if any)
(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? } *na*

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.)

The Complaint of no Disability

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

Repatriation

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

Repatriation

Station *Hazley Stn.*

Medical Officer in charge of case.

Date *20/4/19*

* 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



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 *Walter Holwell*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4619*

Intended address *17 Pilots Hill*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *B. Charlotte*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Johns, Dec 10th, 1896*

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)

ST. JOHN'S.

Walter Holwell

Pte
(Rank)

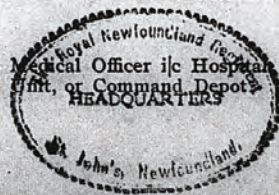
Station

Date *9-6-19*

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.

Station

Date



Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Howell Christian Name Walter

Religion C Age on Enlistment 21 years 15 months

Enlisted (a) 20/1/18 Terms of Service (a) DURATION Service reckons from (a) 15/3/18

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended () Re-engaged () Qualification (b) _____
or Corps Trade and Rate _____

Occupation Truckman Pl. in Reserve Capt Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...		26 OCT 1918	
		Disembarked...		NOV 1918	
		Joined Battalion			
		Arrived in UK		13/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c. (1918) WA W 188, P.1194, 1,000,000, 8/18, D.S. Form B.103, (S. 1264)

Next of kin mother, Mrs Charlotte Howell, Pilot Hill, St Johns Newfoundland.

RFB

1918

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of

Royal New Forest

Number of Sheets one

Signature of O. C. Company

James Street

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4619</u>	Age on <u>21</u> years months	<u>Sailor</u>	
Joined	Date	Place and Date of Enlistment	Religion	
Joined	Date	<u>SV John</u> <u>23.4.18</u>	<u>Celt</u>	
Joined	Date	Period of } with Colours years. with Reserve years.	Place of Birth	
Joined	Date		<u>SV John</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS

To be carried over

No. *4619* Name *W. Holwell.* Sqn., Batty., or Company } *B.* Corps Date of enlistment } G.C. Badges } Service or Proficiency Pay }
Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. Signature U.C. Company, etc. } Character }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Home</i>	<i>2/13/19</i>	<i>P.C.</i>		<i>Deficient of Table Knife T. E. Carried + Helms</i>	<i>Sgt. Arthur</i>	<i>Admonished</i>	<i>2, 27/19</i>	<i>Major Belmont</i>	<i>Pay for deficiency 1/4th</i>

✓

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, *Coalter* 2. Surname, *Holwell*
3. Rank, *Pvt* 4. Regt. No. *4619*
5. Address in full to which future payments of gratuity are to be forwarded, *17 Pelots Hill, St. John's*
6. Date of enlistment in the Regiment, *Apr 23/18*
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,
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, *Oversea*
12. Give total length of time which you served on active service, whether in field or Overseas, *From Apr 23/18 to June 11/19*
13.

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

..... *No*

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

..... *No*

15. Have you been issued with a War Service Badge?..... *No*

16. Have you, during the present war, served in the Imperial Forces?..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *No*

19. Are you now serving in the Regt.?..... *No* If not give:- (a) date of discharge..... *June 11/19*

(b) Reason for discharge..... *Demobilization*

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

France, Belgium + Germany - France
Oct 1918 to April 1919

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.

W. Holwell

Signature of Applicant:

Place of Residence:

Declared before me at:

This

11th

day of

*No. 17 Pilots Hill Station
St. John's, Nfld.
June 1919
John McCarthy*

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

POST DISCHARGE PAY.

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

.....

.....

.....

.....

.....

.....

Certified correct.

Paymaster



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Holwell, Regl. No. 4619

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 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

16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4224</u>	<u>mother</u>	<u>Mrs. Augustus (Charlotte) Holwell</u>	<u>17 Pelors Hill St. Johns</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

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.) _____

Officer Commanding
13 Company
St. Johns
10-6-1918

(Sig.) Walter Holwell
(Rank) Private

SEPARATION ALLOWANCE.

Claimant..... *Solwell, Charlotte (mother, widow)*

On account of..... *Walter Solwell* No. *4619* Rank..... *Pte*

Decision..... *Refused*
Third single son of military age
did not enlist

Date..... *Aug 28/1920*
W. T. Russell, Lieut. Col.
M. Howley, Major

Instructions.....
.....
.....

Allotment of *50⁴* per day payable to *Mr Augustus Howell*
his *mother* from *16/6/18* to *Sept current*
Discontinued on account of

L. Pike

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank Reg't. or Unit. Regt. No.
Walter Holwell Pte R.N. Reg. 4619

2. Age of soldier. Married or Single.
22 years Single

3. Name in full of mother. Age. Occupation. Permanent Address.
Charlotte Holwell, 53, — 17 Pellet Hill, St. John's.

4. Give name of your husband. Age. Occupation Where Employed.
Augustus Holwell — Dead

5. If your husband is not supporting you state the reason. *←*

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband. *Oct 3/18 at St. John's, Nfld.*

8. Have you married again since death of above mentioned husband? *No.*

9. Names of your other children. Address in Age. Occupation Married or Single.

<i>Harry Holwell</i>	<i>— No. 8 Pellet Hill</i>	<i>40</i>	<i>Labourer</i>	<i>Married</i>
<i>Charles Holwell</i>	<i>— 17 Pellet Hill</i>	<i>27</i>	<i>Truckman</i>	<i>Do</i>
<i>Arthur Holwell</i>	<i>— Do</i>	<i>25</i>	<i>Do</i>	<i>Single</i>
<i>Harold Holwell</i>	<i>— South Pellet Hill</i>	<i>19</i>	<i>Do</i>	<i>Do</i>
<i>Margaret Adams</i>	<i>— Signal Hill</i>	<i>38</i>	<i>Do</i>	<i>Do</i>
<i>Florence Summers</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>Do</i>

10. State amount earned by (a) Yourself Nothing
 (b) Your husband. Nothing
-
11. State amount and source of any other income. None
-
12. State value of real property belonging to you and your husband. No value
-
13. State value of personal property belonging to you and your husband. No value
-
14. If husband is dead state value of real and personal property left by him. No value
-
15. Actual amount contributed by soldier during the year prior to enlistment. About \$12⁰⁰/_{xx} weekly
-
16. Was this amount contributed weekly or monthly. weekly
-
17. Did this amount include payment of son's board etc. yes.
-
18. State your son's trade or occupation prior to enlistment. Labourer.
-
19. State amount of his wages per week. An average of \$12⁰⁰/_{xx} weekly
-
20. State name and address of his last employer. Furness Withy Co. 1st St. S.W.
-
21. State amount of monthly support from son since enlistment. \$15⁰⁰/_{xx}
-
22. State amount of allotment received by you from son since enlistment. \$15⁰⁰/_{xx}
-
23. State from what date did you receive allotment? July 8/18
-
24. Actual amount contributed by other children. Nothing Weekly Monthly.
-
25. Are any of these children in the employ of you or your husband?

26. If not receiving support from other children, state cause. Explain fully. Widow + mother pay kids xx weekly each.

27. With whom are you residing at present? Live with my family 17 Pilots Hill

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. No.

29. Are you already in receipt of Separation Allowance from any source? If so, how much? No.

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. No.

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. No.

32. In what capacity and in what place? _____

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. No.

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing at the time of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant. Charlotte H. Howell

Place of Residence. 17 Pilots Hill, St. Johns N.F.

Declared and subscribed before me at St. Johns, Nfld.

this 5th day of May 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. John M. Coffey

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman. D. Clayton

Signature of member of the Patriotic Fund Committee. J. P. [unclear]

Swpr.17.1919

Mrs. Charlotte Holwell,
#17 Pilots Hill,
City.

Dear Madam:-

Referring to your application for
Separation Allowance, will you kindly inform me
if your sons Harold and Arthur offered for en-
listment, if so, on what dates, and what are
the numbers of their Rejection Badges, if they
have any.

Yours truly,

Major & Paymaster.

JH/LM.

August 23, 1920

Mrs. Charlotte Holwell,
17 Pilot's Hill,
City.

Dear Madam:

On 17th. Sept. 1919, I wrote you regarding your claim for Separation Allowance, but so far have not received a reply thereto.

Kindly furnish me with the required particulars at your earliest convenience, so that your claim may be finally disposed of.

Yours truly,

Major
Paymaster

JMH/LM.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

August 23, 1920

Mrs. Charlotte Holwell,
17 Pilot's Hill,
City.

Dear Madam:

On 17th. Sept. 1919, I wrote you regarding your claim for Separation Allowance, but so far have not received a reply thereto.

Kindly furnish me with the required particulars at your earliest convenience, so that your claim may be finally disposed of.

Yours truly,


Major
Paymaster

Copy

Sept. 18, 1919.

Mrs. Charlotte Holwell,
#17 Pilot's Hill,
C i t y.

Dear Madam:

Referring to your application for Separation Allowance, will you kindly inform me if your sons Harold and Arthur offered for enlistment, if so, on what dates, and what are the numbers of their Rejection Badges, if they have any.

Yours truly,

Major
Paymaster.

Arthur did not offer
Harold served in Regt.

ST. JOHN'S, June 11th /19

Royal Newfoundland Regiment.

Billeting Account,

To Lt. G. Holwell

Billeting Soldiers as undermentioned

from June 1st /19 to June 15th /19

4619 Lt. G. Holwell 15 50

ACCOUNT	
CH. NO.	23248 INITIALS G.H.
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 15.50

R.J.

A. J. Louder
Billeting Officer.
G. Holwell

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4619 Rank Pvt. Name Halwell Walter
 Date of Enlistment 2-3-18 Address 17 Pelody Hill District St. John's
 Occupation Truckman Classification for Discharge F Medical Category H.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 10-6-19 for W. Halwell
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. Halwell

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Alm. Colours

Date 11-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 7701 1/2 Hill St. N.W. Wash. D.C. and Release Certificate No. 2602 issued.

Date 11-6-19

J.A. Snow Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-1-19.

Date 11-1-19

J.A. Snow Capt.
Depot Paymaster.

Discharge approved for 15-6-19

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

N.F. P36	B 208	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	M 93.		

2 Form. B

Date 11-6-19

J.A. Snow Capt.
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date JUN 15 1919

Eligible for War Service Gratiy
R.H. Sait Capt.

O. C. Discharge Depot.

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

Date June 20/19

James Heath Sgt
Corp Records

Reg. No. *4619* Rank *Pfc* Name *Howell, W.*

Attested Address *Pilot's Hill*

Allotment Allottee

Date of Allotment Returned from Overseas *29. 1. 19.*

Returned on S.S. *Cossican* Cause *Discharge*

16-6-19
15-6-19

PASSED TO DEMOBILIZATION OFFICER

~~DISCHARGE~~ APPROVED ON DEMOBILIZATION.