



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5479 Name Albert B. Hounsell Coys.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Albert B. Hounsell</u>       |
| 2. What is your full Address? .....  | 2. <u>Porta Leve 138</u>           |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>0</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 .....<br>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, Albert B. Hounsell 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.

Albert B. Hounsell SIGNATURE OF RECRUIT.

Signature of Witness.

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

I, Albert B. Hounsell 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. Johns on this 17th day of May 1918.

Signature of Attesting Officer

Edwards 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

5479

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

Name Albert B. Housell  
 Apparent age 20 years \_\_\_\_\_ months. Height 5 feet 6 3/4 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 2 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Housell  
P.O. Box BB | 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 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 <u>27-5-18</u>									
Joined at <u>St. John's</u> on <u>Monday 27/1918</u>									
<u>Discharged August 7 1919</u>									
<u>Overtook St. John's St. Colantelle to Halifax N.S. 22-7-18.</u>									
<u>Left for Demobilization 24-6-19</u>									
<u>Arrived St. John's 1-7-19</u>									
<u>Demobilization St. John's 28-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge)					1 years		73 days		
Pensions									

C.R.5479

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

The discharge of the undernoted on demobilisation has been  
CONTINUED by Officer i/c Records from 7-8-19.

5479 Pte. A. Hounsell

C.R. 5479

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 15th, 1919.

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

5479 Pte. A. Hounsell.

C.R. 5479

Extract from Daily Orders Battalion Unit 9th Royal Nfld.  
Regt. St. John's July 3rd 1919.

5479 Pte. A. Hounsell.

Reported at Headquarters 1st 1919 on "Cassandra" which  
sailed Glasgow June 24th 1919.

C.R. 5479

## NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

No. \_\_\_\_\_

Line No. 4

Sent by \_\_\_\_\_

Rec'd by \_\_\_\_\_

Ch. 10 pd.Place from Nesleyville10Hon. Mr. Militer

JUN 10 1919

Want my son Pte Albert 5479  
 Hounsell waiting for  
 the summer.

Charles Hounsell

*copy*

C.R. 5479

Counter No. \_\_\_\_\_

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender *G. S. Carby* - Address *Militia*

Line Number	Recd	By	Sent	by	Check

Dated

To *Charles Hunsell*  
*Wesleyville*

*Your son Pte Albert Hunsell did not come on this draft. Will be on next-*

*G. S. Carby*  
*M. J. G. J.*

C.R. 5479

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

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

#5479 Pte. Albert Hounsell.



C.R. 5479

Attested for General Service with the Royal Nfld. <sup>A</sup>g  
Regt. St. John's, dated May 29, 1918

#5479 Pte. A. Hounsell.

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

A.B. Hounsell

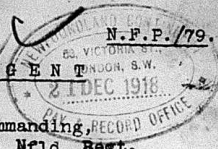
C.R. 5479

A.B.H.



No. 20939/2565

066211



NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

17th December 1918

Dec 18 1918

Subject: 5479, Pte. A B. Hounsell

With reference to the following telegram (10854) from the Hon. Minister of Militia, received

Pay to 5479 Hounsell £2:1:0

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

*A.A. Munnell Maj.*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*C. apt*  
*Cham*

Officer Commdg. LEUT. COLONEL  
Commanding 2nd Bn. Royal Newfoundland Regt.

Received the sum of Two

pound one sh on account of cable remittance from Newfoundland.

A.B. Hounsell

No. 5479 Rank Pte

Witness P.W. Jensen

*Cqn*

NEWFOUNDLAND CONTINGENT  
7 MAR 1919  
N.F.P. /79.

No. 3115/466.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Bn. Ryl Nfld Regt.,  
Winchester.

23rd February 1919

February 26<sup>th</sup> 1919

5479. Pte Hounsell. A.C.

With reference to the following telegram from the Minister of Militia / / ( 34.)

"Pay to- 5479. Hounsell.

£5.3.0.

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

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*P. Kow*  
LIEUT. COLONEL,  
Officer Comdg. 2nd Bn. Ryl Nfld Regt.

Received the sum of Five Pounds *Five Pounds* in respect of Private Hounsell telegraphic remittance from the Minister of Militia.

A.B. Hounsell  
No. 5479 Rank Private  
Witness M. Rockett

Hounsell, A

5479

Gay Dept.

August 7th 1919.

#5479 Pte. A. Hounsell,  
Pound Cove. B.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3564.

Yours truly,

Capt.\*  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5479 Rank. Pte Name. Hounsell A  
 Intended place of residence. Pond Cove Bonaville

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

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. Must  
 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

A Hounsell  
 Signature of soldier  
W. L. Cousin  
 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

A. Hounsell  
 Signature of soldier  
James O. Newman  
 Signature of witness

### STATEMENT OF SERVICE

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

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 24 1919

L. R. Cooke 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

L. R. Cooke Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

Ans B 207 9 135 24

5  
20  
31  
7  
93



# The Royal Newfoundland Regiment

Class for Demobilization:

*Bj*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

*8.7.19*

Regimental No. *5479*

Name .....

*Hounsell Albert*

Address .....

*Pond Cove*

Present Medical Category.....

Recommended for:—

- (a) Immediate discharge .....
- (b) Standing Medical Board .....

Members of Board

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

*J. Paterson*  
Senior Medical Officer

*Geo. Berdoo*  
M. O. Depot—

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5479 Rank PTE Name Hounsell A  
 Date of Enlistment 27.5.18 Address Port Cove District St. John's  
 Occupation Fisherman Classification for Discharge 2 Medical Category AI  
 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.....	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 9.7.19O. C. Discharge Depot. Hounsell

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. A Hounsell

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. R2368 to his home at Pond Cove and Release Certificate No. 3397 issued.

Date 10-7-19

*J.A. Knowlton*  
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 7-6-19

Date 10-7-19

*J.A. Knowlton*  
Depot Paymaster.

Discharge approved for.....

24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
E 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
R 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. Knowlton*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 24 1919

*N.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.

*A Hounsell*

Signature of Man.

*J. H. Snowcroft*

Signature of the Vocational Officer or his Representative.

Reg. No. 5479

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 Hounsell

Christian Name Albert B.

Table I.—GENERAL TABLE.

Birthplace:—Parish Pound Cove BB. County Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>27</u> day of <u>May</u> 19 <u>18</u>	on	day of	19 <u>1</u>
	at <u>St Johns</u>	at		
Declared Age	<u>20</u> years		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6 <sup>3</sup>/<sub>4</sub></u> inches		feet	inches
Weight	<u>127</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>38 <sup>1</sup>/<sub>2</sub></u> inches		inches
	Range of Expansion	<u>2 <sup>1</sup>/<sub>2</sub></u> inches		inches

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Vaccination Marks				
{ Arm				
{ 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

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lamm Peterson Medical Officer.

(Rank) Major

Enlisted at St Johns on 27 day of May 1918

Corps. Regtl. No.

Joined on Enlistment... The Royal 5479

Nfld Regt

Became non-effective by

(Signature) on day of 191 on day of 191

(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 *Houssell, Albert, B.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *279*

Intended address *St. John's, B.C.*

Height on discharge *5* Feet *7"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Charles*

Christian name of Mother *Helina*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St. John's, B.C. July 3<sup>rd</sup> 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) *Albert B Houssell*

(Rank) *A/C*

Station *ST. JOHN'S.*

Date *1. 1. 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 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 N. F. I. P.* 7. Former Trade or Occupation } *Labourer*
2. Regtl. No. *57179* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Hornwell* *Albert*  
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*



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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?  
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*No complaints of no reusability*

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

*Repatriation*

*W.E. Proemier. Capt Rank*  
 Medical Officer in charge of case.

Station *Haydock Green* .. . . .

Date *24-1-19* .. . . .

\* 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. Albert Hounsell,  
Pound Cove,  
Bonavista Bay.

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.. *Albert B.*.....2. Surname... *Hounsell*.....  
3. Rank... *Private*.....4. Regtl. No... *5479*.....  
5. Address in full to which future payments of gratuity are to be forwarded.....  
*P.ound... Cove, Bonavista Bay*.....  
6. Date of enlistment in the Regiment... *May 27<sup>th</sup> 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... *None*.....  
9. Address in full of such dependents... *None*.....  
.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No*.....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *No*.....  
.....  
.....  
12. Give total length of time which you served on active service, whether in Nfld. 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.

..... *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* .....

..... *No* .....

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

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

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

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

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

19. Are you now serving in the Res?..... *No* .. If not give - (a) Date of discharge..... *July 1919* .. (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.... *No* *Eng. Comd* .....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No* .....

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

Signature of Applicant: *Albert B Hounsell*  
 Place of Residence: *Pound Cove Bonavista Bay*  
 Declared before me at: *St Johns used*  
 This 10 day of *July* 1915.....

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

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

FORM K

Nº 6175



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Albert B. Hounsell, Regl. No. 5779

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 <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz. :

Allotment begins August 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4840	Wife	Mrs Charles (Selina) Hounsell	Pound Cove B. Bay	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. Watson Lieut.  
 Officer Commanding  
E Company  
St Johns  
July 5 1918

(Sig.) Albert B Hounsell  
 (Rank) Private

PM.

5499 Hounsall

Please make one pay. W. S. G.

11/7/19

F. C. S. W. S. G.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 11 1919

Received from the First Newfoundland Regiment  
the sum of Twenty Dollars.  
on account of Pay. USG  
~~Balance~~

*A.C.*

AB Hounsell

Ch. No.	2711	Initials	ECW
Pay Ledger	198	Initials	WR
Gen. Ledger		Initials	

Regtl. No. 5479

Rank Pte



No. 5479

Rank

Pt

Name

<sup>4a.</sup>  
~~A.B.~~

Hounsell

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one

Regiment of The Royal Newfoundland Signature of O. C. Company P. D. Dick's Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5179</u>	Age on	<u>20</u> years	<u>2</u> months	<u>Tradesman</u>	
Name <u>Kauneece Albert</u>		Place and Date of Enlistment	<u>St. John's 27-5-18</u>		Religion	
Joined	Date	Period of	} with Colours	} <u>1<sup>73</sup>/<sub>325</sub></u> years.	Place of Birth	<u>St. John's N.B.</u>
Joined	Date					
Joined	Date					

Place	Date of Offence	Rank	Date of Discharge or Release	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's 7-8-19</u>					

To be carried over.

Army Form B. 121.

5479

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5479 Rank RTE Name Hounsell A.  
 Date of Enlistment 12.7.5.18 Address Pond Cove District Bonaville  
 Occupation Liberman Classification for Discharge 6 Medical Category A.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 9.7.19

O. C. Discharge Depot. *[Signature]*

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*a Hounsell*

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

*[Signature]*

Date 10-7-19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2368..... to his home at Pond Bore..... and Release Certificate No. 3397..... issued.

Date 10-7-19.....

J.A. Snowball  
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 7-8-19.....

Date 10-7-19.....

J.M. [unclear]  
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.....
B 178.....	W 349A.....	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. Snowball  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

JUL 24 1919

Date .....

D.R. Cooper [unclear]  
O. C. Discharge Depot.

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

Date July 21, 1919.....

[Signature]

Reg. No. *1497* Rank *Plt* Name *Gunnell, A*

Attested ... Address *Boards Cove. S.S.*

Allotment ..... Allottee ..

Date of Allotment *0* Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

*12) 19*  
*24719*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION.**

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. & 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. *5479* 3. Rank. *pl. s.*.....
4. Name *Hounsell* *Albert*.....  
(Surname) (Christian Names)
5. Age last birthday *20*.....
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) Where (c) Opinion of Court  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity  
(if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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

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

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*The complainant 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?

*Reproduction*

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

*W. R. Procuier. Capt R.A.M.C.*

Station *Hazeley Barr*

Medical Officer in charge of case.

Date *24/1/19*

\* 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